

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**CITY OF CLEVELAND**  
**HUMAN RESOURCES POLICIES AND PROCEDURES MANUAL**

**Section A - Benefits Policies and Procedures**

Section A - "Benefits Policies"—These policies are an essential element to an employee's compensation. This section of the manual is intended to facilitate the administration, coordination and understanding of the City of Cleveland's Employee Benefits Program.

**Table of Contents**

<b>Policy Number</b>	<b>Policy and/or Procedure</b>	<b>Page Number</b>	<b>Effective Date</b>	<b>Reviewed Date</b>
<b>A-1</b>	Americans with Disabilities Act (A.D.A.)	Page 2	05-13-21	05-13-21
<b>A-2</b>	Benefit Coverage	Page 11	11-07-14	05-13-21
<b>A-3</b>	Benefits for Beneficiaries of Deceased Employees	Page 17	03-17-08	05-13-21
<b>A-4</b>	Consolidated Omnibus Reconciliation Act (C.O.B.R.A.)	Page 20	05-21-09	05-13-21
<b>A-5</b>	Employee Identification	Page 23	08-31-15	05-13-21
<b>A-6</b>	Employee Orientation	Page 26	11-07-14	05-13-21
<b>A-7</b>	Health Insurance Portability and Accountability Act (HIPPA)	Page 37	03-17-08	05-13-21
<b>A-8</b>	Holidays	Page 39	02-01-13	05-13-21
<b>A-9</b>	Jury/Witness Duty	Page 41	08-08-11	05-13-21
<b>A-10</b>	Leave of Absence	Page 43	05-13-21	05-13-21
<b>A-11</b>	Longevity	Page 70	11-17-08	05-13-21
<b>A-12</b>	Ohio Public Employee's Retirement System (OPERS)	Page 72	11-17-08	05-13-21
<b>A-13</b>	Open Enrollment	Page 74	03-17-08	05-13-21
<b>A-14</b>	Post Retirement Re-employment	Page 76	03-17-08	05-13-21
<b>A-15</b>	Retirement Eligibility and Benefits	Page 79	12-12-13	05-13-21
<b>A-16</b>	Unemployment Compensation	Page 81	03-17-08	05-13-21
<b>A-17</b>	Voluntary Sick Leave Contribution	Page 84	03-17-08	05-13-21
<b>A-18</b>	Vacation Policy	Page 87	04-19-17	05-13-21
<b>A-19</b>	Domestic Partner Policy	Page 93	02-01-13	05-13-21
<b>A-20</b>	Prior Service Policy	Page 96	12-27-20	05-13-21

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**  
**AMERICANS WITH DISABILITIES ACT (ADA)**

**I. Americans with Disabilities Act, General Statement**

- A. The City of Cleveland will provide reasonable accommodation to an otherwise qualified applicant or employee with a disability. "Qualified" is defined as possessing the requisite skills, education, and experience to be able to perform the essential functions of the job with or without reasonable accommodation.
- B. An employee may request accommodation to enable him/her to perform the essential functions of the employee's current position or to accommodate a disability to enable the employee to enjoy the benefits and privileges extended to all employees.

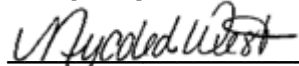
**II. Accommodations Review Committee**

- A. If an employee is unable to perform the essential functions of his/her position, the employee may submit a Request for Accommodation form to the appointing authority with supporting documentation. (See form A-1-1).
- B. The Request for Accommodation form along with supporting medical documentation will be considered by the City's Accommodation Review Committee.
- C. When the Accommodation Review Committee determines that an employee is qualified under ADA, it will direct the employee's affected department or division concerning the accommodation to be provided.
- D. If reassignment to an alternative position becomes a means of accommodation because the employee can no longer perform the essential functions of his or her current position, the City will:
  - 1. Meet with the employee to assess the employee's skill/education level;
  - 2. Place that employee on an alternative placement list, pending a job vacancy to become available within a reasonable time;
  - 3. Actively look for a position that meets the employee's skill/educational level and medical restrictions.
  - 4. Assess the availability of a suitable position consistent with Civil Service rules.

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

- E. The City is not required to retain an employee's current rate of pay if that employee is placed in another position as an accommodation.
- F. If a suitable position is not identified within a reasonable period of time from the Alternative Placement recommendation date, the Review Committee will close that employee's request. For purposes of this policy, "reasonable period of time" is based upon the interactive process and that employee's particular circumstances.

**This policy has been issued under the authority of:**



\_\_\_\_\_  
**Signature**

Director of Human Resources

\_\_\_\_\_  
**Title**

May 13, 2021

\_\_\_\_\_  
**Date**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**American with Disabilities Act**

**Intake Package (Page 1)**

Dear Employee:

In compliance with the Americans with Disabilities Act, the City of Cleveland has developed a process through which you can request accommodation to enable you to perform the essential functions of your current position and/or enjoy the benefits and privileges enjoyed by other employees.

The Accommodations Review Committee provides accommodations under the basis of the ADA. Please note the ADA defines DISABILITY with respect to an individual as:

- a. a physical or mental impairment that substantially limits one or more of the major life activities of such individual; or
- b. a record of such an impairment; or
- c. being regarded as having such impairment.

The determination of whether or not a person has a disability can involve both medical and legal issues.

Furthermore, please note that the Americans with Disabilities Act does not require the City to retain your current rate of pay if you are placed in another position as an accommodation.

Further, in order for the Committee to make an informed decision in a timely fashion, you **MUST** submit the following:

- ♦ **Have your physician fill out the first two (2) pages of this package. Starting from Intake Filled out through question eight on the second page.**
- ♦ **Request from your physician any and all medical records pertaining to your disability as it relates to this request and attach it to the request.**
- ♦ **Completely fill out the Release of Medical Information.**
- ♦ **Once you have completed the above, make copies for yourself (optional) and bring the entire Intake Package back to the office of your Appointing Authority or designee.**
- ♦ **Appointing Authority or designee shall fill out *Appointing Authority Acknowledgement*, sign and forward the Intake Package to the, *Department of Human Resources, 601 Lakeside Avenue, Room 121, Cleveland, Ohio 44114.***

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**Intake Package – Acknowledgement Form (Page 2)**

Please remember that all information requested in this package must be complete; otherwise, it will not be presented to the Accommodations Review Committee.

I acknowledge that this accommodation process has been explained to me and that I have signed this Request for Accommodation voluntarily.

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**Employee Signature**

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**Date**

**A-1-1**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

## Request for Disability Accommodation (Page 3)

*Please Type or Print Legible and Fill out Completely*

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Employee's Name \_\_\_\_\_

Employee's Alpha No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Department \_\_\_\_\_ Division \_\_\_\_\_

Date of Hire \_\_\_\_\_ Classification \_\_\_\_\_

Union Affiliation (if any) \_\_\_\_\_ Work Related Injury? \_\_\_\_ Yes \_\_\_\_ No

If Yes: Claim Number \_\_\_\_\_ Date of Claim \_\_\_\_\_

What type of accommodation are you requesting? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Intake Filled Out By: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

---

1. What is the disability that is the basis for this request?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please describe the diagnoses (nature and cause of disabilities) in regards to this request for accommodation.

\_\_\_\_\_  
\_\_\_\_\_

**A-1-2**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**  
**(Page 4)**

3. Describe how this disability limits the employee's ability to perform his/her essential functions of the job.

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4. Is the employee currently under therapy? Please explain:

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5. Is this condition considered PERMANENT? Please explain:

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6. Has the employee reached Maximum Medical Improvement (MMI)? Please explain:

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7. What modifications are recommended, if any, in order to facilitate performing the essential functions of the job?

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**A-1-2**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**  
**(Page 5)**

Please use the space below to write any additional information pertaining to disability.

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**A-1-2**



**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**Release of Medical Information (Page 6)**

*Please Print or Type*

**Employee's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

---

I, \_\_\_\_\_, hereby do authorize the following care provider to  
release any and all medical records pertaining to my condition of  
\_\_\_\_\_ as it relates to my request for ADA accommodations:

**Provider's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Records are to be released to:**

Department of Human Resources  
601 Lakeside Avenue (Room 121)  
Cleveland, Ohio 44114  
(216) 664-2228

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**Employee's Signature**

---

**Date**

**A-1-2**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

***Appointing Authority Acknowledgement (Page 7)***

***To be completed by appointing authority (or designee) before the Committee can consider the request for accommodation.***

**1. Indicate options that may provide an accommodation to this employee.**

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**2. Will other employees' duties be affected directly and significantly by the accommodation requested? Please explain:**

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**3. Please use the space below to describe any additional suggestions that you may have.**

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\_\_\_\_\_  
**Print Appointing Authority's Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Appointing Authority Signature**

\_\_\_\_\_  
**Date**

**A-1-2**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**BENEFIT COVERAGE**

**I. Health, Dental and Vision Care Coverage**

- A. All eligible full-time employees may elect single or family medical, dental, and vision care.
- B. Information regarding each of the benefit providers for the City of Cleveland will be given to a new employee during orientation by the Department of Human Resources.
  - 1. The employee must register online through the City of Cleveland Self Service (ESS) at <https://portal.adp.com> . Instruction will be given to a new employee during orientation by the Department of Personnel and Human Resources. An email address is required as part of the registration process. An employee's failure to go online to complete the registration process in a timely manner may result in a delay of coverage.
  - 2. It is the personnel representative's responsibility to assist the employee in enrolling in coverage. The personnel representative must forward applicable documentation to the Department of Human Resources, Division of Employee Relations/Benefits, **no later than seven calendar days after Orientation.**
- C. Health, dental and vision care coverage, begins on the first day of the month following the employee's date of employment.
- D. If both the employee and the spouse are active full-time employees with the City of Cleveland one spouse must be a dependent on the other spouse's family insurance plan.
  - 1. No employee and/or dependent may be covered by more than one City sponsored plan. This would be consistent with dual coverage which is not permissible for City of Cleveland Employees. Dual coverage is signified by City of Cleveland employees who share dependents on each of their benefit plans.
  - 2. A dependent of a City employee who is hired by the City must elect his or her own coverage or he/she can remain on their parent/guardians policy. He/she cannot have dual coverage.

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

E. The City will provide dependent coverage (i.e., spouse, child) to an employee as defined in each health care coverage certificate. In order for dependents to be covered, **the employee must provide proof of eligible dependents** as follows:

1. Spouse – copy of marriage certificate with seal and date of event.
2. Natural Child or Stepchild – copy of official birth certificate provided to the Department of Human Resources; also for newborns, a copy of a birth letter from the hospital within 30 days of birth until the official birth certificate is available. The birth certificate of the stepchild must show the name of the employee's spouse as one of the birth parents, and the marriage certificate must be one file.
  - a. NOTE: The Social Security number of each covered spouse and child is required for health care enrollment and must be entered in the City of Cleveland's Employee Self Service (ESS) portal. However, a copy of the child's Social Security card is no longer required, except as requested to resolve a discrepancy.
3. Adoption/Placement for Adoption – court adoption papers; placement documents from the court
4. Legal Guardianship – copy of guardianship documents from the courts.
5. Support Order – automatically added upon receipt of support order.
6. Involuntary loss of alternate coverage – COBRA election notice, HIPAA Certificate of Creditable Coverage, official notice from insurance administrator or letter on employer's stationary, stating names of persons to be covered and effective date of coverage loss.

If no benefit elections have been made, the employee will default to no coverage. If benefit elections have been made and we are waiting for documentation, the employee will be enrolled with single coverage. This election will remain in place until the next open enrollment, unless there is an additional status change.

F. Dependents With Disabilities

1. If the employee's child is disabled when insurance would terminate due to the child's age, insurance may be continued. The employee should consult the Department of Human Resources, Division of Employee

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

Relations/Benefits within the 31 days prior to the child reaching age 23 to obtain and complete the necessary forms to continue coverage.

G. The employee's contribution to premium is deducted from an employee's paycheck on a bi-weekly basis for single or family coverage. The employee's contribution may be deducted on a pre-tax basis. If the employee elects this option, he or she must sign a form authorizing the deduction to be pre-tax. This form should be obtained from the employee's payroll representative.

H. Removing Dependents

1. In order to remove eligible dependents outside of annual Open Enrollment, the employee must provide proof as follows:
  - a. Alternate Coverage – letter on employer's stationary or statement from the new insurance administrator agency. The documentation must show the effective date of coverage.
  - b. Annulment – decree annulling the marriage
  - c. Divorce – divorce decree; first and last pages with received for filing and effective dates
  - d. Legal Separation – court separation papers with received for filing and effective dates
  - e. Death – copy of the death certificate.
  - f. No Longer a Dependent Child – a notarized letter from the adult dependent or new guardian of the child if he or she is a minor, stating the child is no longer a dependent of the employee.
  - g. HealthSpan and Overaged Dependent Children Only – evidence that the dependent is no longer a resident of the State of Ohio.

In order to drop a dependent, the Department of Human Resources must receive the required documentation within 30 days of the qualifying status change event. The dependent will be eligible for COBRA continuation of coverage. It is the responsibility of the dependent or his or her representative to request COBRA continuation.

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**II. Life Insurance**

- A. All full-time employees are entitled to \$15,000 of life insurance coverage, unless otherwise specified in a collective bargaining agreement, after 90 days of service with the City.
- B. The employee must go online to the Health and Wellness Self Service Portal and designate a beneficiary for Life insurance.
- C. An employee may change his or her beneficiary at any time, by going online to the Health and Wellness Self Service Portal.
- D. Conversion of Life Insurance
  - 1. Employees separated from City employment have the option to convert their life insurance policy from a City paid premium to a personally paid premium, without a medical examination after approval by the life insurance company. This option must be exercised no later than 31 days from their last day of employment.
  - 2. A conversion form can be obtained from the employee's personnel representative from the Division of Employee Relations/Benefits in the Department of Human Resources. This form is also in the online document library of the City of Cleveland Self Service (ESS) at <https://portal.adp.com> . The conversion form must be completed and mailed to the insurance company by the employee.
- E. Waiver of Premium (Extended Life Insurance)
  - 1. In order to extend life insurance after an employee has been on unpaid leave of absence beyond six months, the employee is required to file for Waiver of Premium.
  - 2. Employees cannot file for Waiver of Premium until they have been on leave more than six months from the date the employee is unable to work due to a disability. Employees must file for Waiver of Premium within 12 months of the date of disability.
  - 3. Employees can obtain the Waiver of Premium form from their personnel representative or from the Division of Employee Relations/ Benefits in the Department of Human Resources.

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

- F. Employees have the right to elect additional life insurance at the time of hire. Details regarding enrollment are provided in the orientation packet.

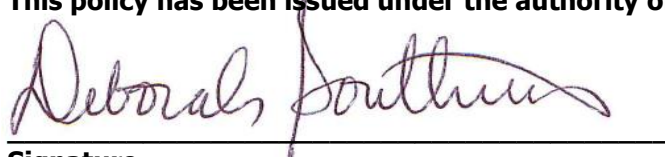
**III. Termination of Coverage**

See Benefits Coverage Chart for information regarding termination of health, dental, vision and life insurance coverage.

**IV. Consolidated Omnibus Reconciliation Act (C.O.B.R.A.)**

- A. An employee who has separated from employment or terminated employment (for reasons other than gross misconduct on the employee's part) has the right to continue his or her health care coverage under C.O.B.R.A.
- B. If the dependent of an employee has lost health care coverage due to a qualifying event, he or she also has the right to continue health care coverage under C.O.B.R.A.
- C. See the C.O.B.R.A. Policy in the Benefits Section of this manual for further information regarding C.O.B.R.A.

**This policy has been issued under the authority of:**



**Signature**

Director of Human Resources

**Title**

November 7, 2014

**Date**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**  
**BENEFITS COVERAGE CHART**

Employee Status	Hospitalization Coverage	Dental Coverage	Vision Coverage	Life Insurance	Longevity Accrual	Sick Time Accrual	Vacation Accrual
(Non-F.M.L.A.) Medical Leave (Non-Pay Status).	Through terminating month & three (3) following months, Unless exhausted by prior F.M.L.A. leave.	Through terminating month & three (3) following months. Unless exhausted by prior F.M.L.A. leave.	Through terminating month & three (3) following months. Unless exhausted by prior F.M.L.A. leave.	Through terminating month & three (3) following months	No accrued time.	No accrued time.	No accrued time.
(Non-F.M.L.A.) Personal & Educational Leave.	Through end of month In which leave commenced. Employee may then elect C.O.B.R.A. coverage.	Through end of the month In which leave commenced. Employee may then elect C.O.B.R.A. coverage.	Through end of month In which leave commenced. Employee may then elect C.O.B.R.A. coverage.	Through end of the month In which leave commenced.	No accrual of time.	No accrued time.	No accrued time.
Military leave	Continued through leave.	Continued through leave.	Continued through leave.	Continued through leave.	Time accrued.	Time accrued.	Credit accrued.
Layoff	Through end of employee's last month and following month. Employee may then elect C.O.B.R.A. coverage.	Through end of employee's last month and following month. Employee may then elect C.O.B.R.A. coverage	Through end of employee's last month and following month. Employee may then elect C.O.B.R.A. coverage	Through end of employee's last month and following month.	No accrued time.	No accrued time.	No accrued credit.
Termination Resignation (Includes A.W.O.L. Resigned).	Through end of employee's last month. Employee may then elect C.O.B.R.A. coverage.	Through end of employee's last month. Employee may then elect C.O.B.R.A. coverage.	Through end of employee's last month. Employee may then elect C.O.B.R.A. coverage.	Through terminating month-with conversion 31 days beginning on date of termination.	No accrued time.	No accrued time.	No accrued credit.
Retirement.	Through the end of the month termination was effective.	Through the end of the month termination was effective.	Through the end of the month termination was effective.	Through terminating month-with conversion 31 days beginning on date of termination.	No accrued time.	No accrued time.	No accrued credit.
F.M.L.A. leave (paternity/ maternity; medical and care)	Through the duration of F.M.L.A. leave.	Through the duration of F.M.L.A. leave.	Through the duration of F.M.L.A. leave.	Same as non-F.M.L.A. medical leave.	No accrued time.	No accrued time.	No accrued credit.

**A-2-1**



**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**BENEFITS FOR BENEFICIARIES OF DECEASED EMPLOYEES**

**I. Payout to the Estate of Deceased Employees**

A. When a current employee dies, his or her estate will receive the following payments as applicable:

1. Any earned, unpaid salary and longevity
2. Conversion of sick leave (on the basis of one-third of accumulated sick leave hours times the average of the highest three years of pay)
3. Unused vacation (i.e., vacation carried over from the previous years)
4. Pro-rated vacation for the current year
5. Unused compensatory time

B. The family can obtain the checks for the above entitlements, by coming to 601 Lakeside, Room 115. The survivor must present the following:

1. Certified Death Certificate

Obtainable from the Bureau of Vital Statistics, City of Cleveland City Hall, 601 Lakeside Avenue, Room 122, Cleveland, Ohio 44114. (216) 664-2320. Also obtainable from the funeral director of choice.

2. Tax Release

Obtainable from the Cuyahoga County Court House, Probate Court Room 121, 1 Lakeside Avenue NW, Cleveland, Ohio 44113. (216) 443-8785.

3. Letter of appointment to the estate as Executor or Executrix or Administrator or Administratrix

Obtainable from the Probate Court. See above address. (216) 443-8764.

4. Letter of appointment from the estate as Trustee

C. The survivor must show picture identification before these items will be released.

**A-3**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

- D. The beneficiaries of any employee who qualified for basic and/or voluntary life insurance (all those not exempt by ordinance) should contact the Employee Relations/Benefits Division of the Department of Human Resources for assistance in filing an insurance claim form.

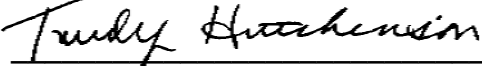
**II. Survivor Benefits (O.P.E.R.S.)**

- A. The dependent(s) of a member of O.P.E.R.S. will be eligible to receive monthly survivor benefits if, at the time of death, the member has met at least one of the following qualifications:
1. Has at least 18 full months of Ohio service credit with three months of it within the two and one-half years immediately before death
  2. Was receiving a disability allowance at the time of death, or
  3. Was eligible for retirement but did not retire and continued to work.
  4. If, at death, the member did not meet any of these requirements, the beneficiary can receive a refund of the money paid into the Retirement System.
- B. The survivor may contact O.P.E.R.S. for further explanation at 1-800-222-7377.
- C. The family may contact the City's current employee assistance program for grief counseling.
- D. If the employee participated in the Deferred Compensation Program, the family may call 1-877-OHIO-457.
- E. If the employee had accounts at the Civil Service Employees Credit Union, the family may call (216) 664-2216 or (216) 664-2217.
- F. Health benefits may continue for the deceased employee's family through C.O.B.R.A.
- G. If the employee participated in the flexible spending accounts benefit plan, the family may contact the Department of Human Resources/Employee Benefits.

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

- H. If the employee was a member of a union, the family may contact the applicable union for any available benefits.
- I. The Department of Human Resources, Employee Relations/Benefits Division should be contacted by the divisional personnel officer to confirm the employee's participation in any employment benefits programs. A letter shall be forwarded by the Department/Division personnel office to the survivor that contains the following information:
1. Confirmation of any employment benefit programs in which the employee participated (corresponding contact numbers should be included as well)
  2. If applicable, confirmation of the employee's union affiliation and the contact number for that union.
  3. Brief explanation of options relative to continuing health/dental care coverage through COBRA or OPERS.
  4. Any other information that would help the survivor close business with the City of Cleveland.

**This policy has been issued under the authority of:**



\_\_\_\_\_  
**Signature**

Director of Personnel & HR

\_\_\_\_\_  
**Title**

March 17, 2008

\_\_\_\_\_  
**Date**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**CONSOLIDATED OMNIBUS RECONCILIATION ACT (C.O.B.R.A.)**

**I. Consolidated Omnibus Reconciliation Act (C.O.B.R.A.)**

- A. The federal law titled Consolidate Omnibus Reconciliation Act of 1986 (C.O.B.R.A.) requires the City of Cleveland to offer eligible employees and their families the opportunity to continue health care coverage in certain instances where coverage under the employee's current health care plan would otherwise end.
- B. For questions regarding C.O.B.R.A. benefits, contact the Department of Human Resources, Division of Employee Relations/Benefits.

**II. Eligibility**

- A. The employee may choose this continuation coverage if his or her group health care coverage is lost as a result of any of the following qualifying events:
  - 1. A reduction in hours of employment.
  - 2. The termination of employment (for reasons other than gross misconduct on the employee's part). For purposes of this policy "gross misconduct" is defined as conduct that resulted in an employee's involuntary termination and
    - a. Exceeded the degree of misconduct that is addressed through increasingly severe increments of progressive discipline and/or
    - b. Can be described as reckless or willful or wanton and/or
    - c. Had severe consequences to a member of the public, a co-worker or the City of Cleveland.
- B. The spouse of an employee covered by group health care may choose continuation coverage for himself or herself if the group health care coverage is lost as a result of any of the following qualifying events:
  - 1. The death of a spouse.
  - 2. The termination of a spouse's employment (for reasons other than gross misconduct on the spouse's part).

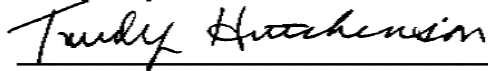
**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

3. Divorce or legal separation from a spouse (employee must provide proof of divorce or legal separation)
- C. The dependent child of an employee covered by group health care may choose continuation coverage if the group health care coverage is lost as a result of any of the following qualifying events:
1. The death of a parent.
  2. The termination of parent's employment (for reasons other than gross misconduct on the parent's part).
  3. The parent's divorce or legal separation (employee must provide proof of divorce or legal separation)
  4. The dependent child ceases to be a dependent child under group health care coverage.

**III. Application Process**

- A. If one of the qualifying events stated above occurs, the employee must be notified that he or she is eligible for continuation coverage. The payroll representative must then complete the Qualifying Event Notification Form and forward this form to the Department Human Resources, Division of Employee Relations/Benefits.
- B. The Department of Human Resources, Division of Employee Relations/Benefits will send the completed form to a third party administrator for processing.
- C. The third party administrator will notify the employee of his or her eligibility status.

**This policy has been issued under the authority of:**



**Signature**

Director of Personnel & HR

**Title**

May 21, 2009

**Date**

**A-4**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**  
**SAMPLE**

**CobraServ™**  
**COBRA QUALIFYING EVENT/HIPAA NOTIFICATION FORM**  
(Includes Certificate of Creditable Coverage Notification)  
Instructions on back.



CS-813FLEX/6/97

<b>PLEASE CHECK</b> <input type="checkbox"/> ORIGINAL NOTICE <b>IF FAXED, do not</b> mail copy. <b>ONE BOX</b> <input type="checkbox"/> REVISION... to a form that was previously sent.		<b>17) COBRA Qualifying Event that caused loss of coverage (check one)</b> Continuation of coverage for 18 months: <input type="checkbox"/> Employee's retirement (Code 4) <input type="checkbox"/> Employee's reduction of hours (Code 2) <input type="checkbox"/> Employee's resignation (Code 1) <input type="checkbox"/> Employee's layoff (Code 3) <input type="checkbox"/> Employee's involuntary termination (Code 5) <input type="checkbox"/> Employee begins leave of absence (Code 6) Continuation of coverage for 36 months: <input type="checkbox"/> Divorce/legal separation (Code 8) <input type="checkbox"/> Death of covered employee (Code 7) <input type="checkbox"/> Ineligibility of dependent child (Code 9) <input type="checkbox"/> Retiree, spouse or child of retiree loses coverage within one year before or after commencement of proceedings under Title 11 (bankruptcy) United States Code (Code 10) <input type="checkbox"/> Covered employee/retiree becomes entitled to Medicare; dependents may elect continuance of identical coverage (Code 11)																													
<b>1a) From (Company):</b> <b>CITY OF CLEVELAND</b>		<b>18) If the Qualifying Event was for an employee and his/her spouse is covered, enter:</b> Spouse's full name: _____ Spouse's date of birth: Mo. _____ Day _____ Yr. _____																													
<b>1b) Division or Region Code (if applicable, would be indicated on the Client Rate Report):</b>		<b>19) If the covered (dependent)s reside at a different address from the Qualified Beneficiary, please provide name and address:</b> (Attach a separate sheet if additional names need to be listed.) Name(s) (last, first, mi) _____ Street _____ City _____ State _____ ZIP Code _____																													
<b>1c) Company ID or Unit Code (if applicable, would be indicated on the Client Rate Report):</b>		<b>NOTE: Completion of this section is Mandatory after 6/30/98.</b> (Please complete only for spouse/dependent(s) losing medical coverage.) (Each name should include last, first and middle initial.)																													
<b>2) Company Tax or EIN # (EIN number is indicated on the Client Rate Report for location or subsidiary):</b> <b>346000646</b>		<b>20) Spouse/Dependent Information (HIPAA)</b> Spouse no longer covered under the Medical Plan Name _____ Social Security Number _____ Date of Birth _____ Waiting Period (if any) Begin Date (if none, give Medical Coverage Begin Date) _____ Medical Coverage Begin Date _____ Address (if different from participant) _____																													
<b>3) Please be advised that the following has had a Qualifying Event.</b> (check one) <input type="checkbox"/> (E) Employee <input type="checkbox"/> (D) Dependent		<b>Dependent #1: no longer covered under the Medical Plan</b> Name _____ Social Security Number _____ Date of Birth _____ Waiting Period (if any) Begin Date (if none, give Medical Coverage Begin Date) _____ Medical Coverage Begin Date _____ Address (if different from participant) _____																													
<b>4) Social Security Number of Qualified Beneficiary:</b>		<b>Dependent #2: no longer covered under the Medical Plan</b> Name _____ Social Security Number _____ Date of Birth _____ Waiting Period (if any) Begin Date (if none, give Medical Coverage Begin Date) _____ Medical Coverage Begin Date _____ Address (if different from participant) _____																													
<b>5a) Qualified Beneficiary's Name (last, first, mi)</b>		<b>Dependent #3: no longer covered under the Medical Plan</b> Name _____ Social Security Number _____ Date of Birth _____ Waiting Period (if any) Begin Date (if none, give Medical Coverage Begin Date) _____ Medical Coverage Begin Date _____ Address (if different from participant) _____																													
<b>5b) Street (include apartment number)</b>		<b>(Attach a separate sheet if additional names need to be listed.)</b>																													
<b>5c) City</b>		<b>Prepared By:</b> Name: (PRINT) _____ Date: Mo. _____ Day _____ Yr. _____ Phone #: ( ) _____ FAX #: ( ) _____																													
<b>5d) State</b>																															
<b>5e) ZIP Code</b>																															
<b>6) Home Phone # of Qualified Beneficiary (area code):</b>																															
<b>7) Employee Number (if applicable)</b>																															
<b>8) Date of Birth of Qualified Beneficiary</b> Mo. _____ Day _____ Yr. _____																															
<b>9) Gender (check one)</b> <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female																															
<b>10) Marital Status (check one)</b> <input type="checkbox"/> (S) Single <input type="checkbox"/> (M) Married <input type="checkbox"/> (W) Widowed <input type="checkbox"/> (D) Divorced																															
<b>11) If the Qualified Beneficiary listed in box #5 is not the employee, enter the following:</b> Employee Name (last, first, mi) _____ Employee SSN _____ Dependent's Relationship to Employee _____																															
<b>12) Qualifying Event Date</b> Mo. _____ Day _____ Yr. _____																															
<b>13) Last day of pre-COBRA Coverage (cannot be prior to Qualifying Event Date)</b> Mo. _____ Day _____ Yr. _____																															
<b>14) Is this a second Qualifying Event for a dependent who is currently on COBRA?</b> <input type="checkbox"/> (N) No <input type="checkbox"/> (Y) Yes																															
<b>15) If employee, does he/she have a health care FSA?</b> <input type="checkbox"/> (N) No <input type="checkbox"/> (Y) Yes If Yes, MONTHLY contribution \$ _____																															
<b>16a) Refer to your Client Rate Report and enter the current Carrier Code, Option Code and Plan Code for each coverage in effect on the Qualifying Event Date.</b>																															
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th></th><th>Carrier Code</th><th>Option Code</th><th>Plan Code</th></tr></thead><tbody><tr><td>Med or HMO</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>Dental</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>Vision</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>Hearing</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>Prescription</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>Other</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>			Carrier Code	Option Code	Plan Code	Med or HMO	_____	_____	_____	Dental	_____	_____	_____	Vision	_____	_____	_____	Hearing	_____	_____	_____	Prescription	_____	_____	_____	Other	_____	_____	_____		
	Carrier Code	Option Code	Plan Code																												
Med or HMO	_____	_____	_____																												
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Hearing	_____	_____	_____																												
Prescription	_____	_____	_____																												
Other	_____	_____	_____																												
<b>* Select from the following current Plan Code coverages. CobraServ administers only Plan Code coverage options that are permitted by your plan or carrier:</b> 1 = Individual      3 = Family      14 = Individual + Child 2 = Individual + 1      5 = Individual + Spouse      15 = Individual + Children																															
<b>16b) If Qualified Beneficiary is losing Medical Coverage (pre-COBRA), complete the following:</b> • Waiting Period (if any) Begin Date (if none, give Medical Coverage Begin Date): Mo. _____ Day _____ Yr. _____ • Medical Coverage Begin Date: Mo. _____ Day _____ Yr. _____																															

A-4-1

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**  
**EMPLOYEE IDENTIFICATION**

It is the policy of the City that all employees are issued an official City of Cleveland I.D. card. All employees must carry their City issued identification card, visibly, at all times while on duty. An initial I.D. card will be issued by the Department of Human Resources upon employment. (Also see Employee Orientation Policy) New employees will have their ID badge photo taken on a day to be determined by the Department of Human Resources.

Employees must sign the statement acknowledging that they received this policy (A-5-1). This statement must be on file with the issuing division and the Department of Human Resources.

There are three (3) types of ID badges:

**1. City Hall Employees (Full-Time, Permanent)**

a) City Hall employees will be issued a "Proximity" badge for following areas:

1. Front Entrance
2. Rear Entrance
3. Loading Dock
4. Convention Center

**2. Non-City Hall Employees (Full-Time, Permanent)**

a) These employees will be issued a "PVC" ID badge for the following area:

1. Front Entrance
2. Rear Entrance
3. Convention Center

**3. Non Full Time Employees (Part-Time, City Volunteers, Seasonal, Interns)**

a) These personnel will be issued a "PVC" ID badge for the following area:

1. Front Entrance
2. Rear Entrance

The following Departments will issue their own Identification badge:

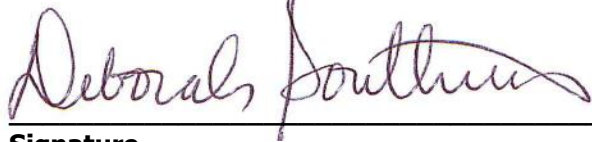
1. Department of Public Safety
2. Department of Port Control
3. Department of Public Utilities
4. Department of Public Health

**A-5**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

Lost, damaged and stolen identification badge must be replaced at the employee's expense. A proximity I.D. badge is a \$30.00 fee and PVC I.D. badge is a \$15.00 fee. Employees who I. D. badge is lost or stolen must complete a Police Report with Department Safety, Division of Police. I.D. badge are the official property of the City of Cleveland and must be returned to the City upon separation of employment.

**This policy has been issued under the authority of:**



**Signature**

Director of Human Resources

**Title**

August 31, 2015

**Date**



**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**EMPLOYEE IDENTIFICATION POLICY ACKNOWLEDGEMENT**

I, \_\_\_\_\_, have read the City of Cleveland Employee Identification policy (A-5). By signing this statement, I agree to visibly wear the appropriate City of Cleveland employee ID at all times while at work. I will not wear it or use it for any purpose other than the stated intent. Failure to adhere to the policy shall lead to progressive discipline and possible termination. Upon separation from the City of Cleveland, I will surrender the badge.

Employee Signature: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Date: \_\_\_\_\_

**A-5-1**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**EMPLOYEE ORIENTATION**

**I. Employee Orientation**

- A. It is the responsibility of the Department of Human Resources and the divisional personnel staff to ensure that every new City employee completes orientation. The purpose of orientation is to inform new employees of the City's policies and procedures and to familiarize them with City benefit plans.
- B. Upon appointment of a new employee, the Department of Human Resources will notify the divisional staff of the date of the Department of Human Resources orientation. A new employee is required to attend the first scheduled orientation presented by the Department of Human Resources on or following the day of hire. It is the responsibility of the divisional personnel staff to contact the new employee with this information. No employee shall perform any work or attend any orientation prior to the employee's hire date. However, airport employees may receive orientation to security procedures prior to the first day of work.
- C. The Department of Human Resources' orientation will include a required training class in C.P.R. A checklist of topics to be discussed at the Department of Human Resources' orientation follows this section. (See Form A-6-1)
  - 1. Also, a copy of the State of Ohio Whistleblower Policy and acknowledgement form are attached (See Form A-6-4)

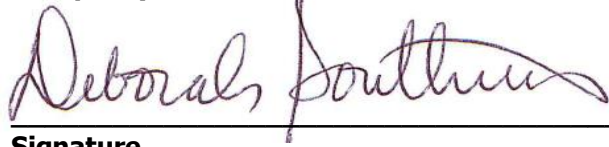
**II. Divisional Orientation**

- A. The divisional personnel staff is responsible for administration of the divisional orientation when a new or transferred employee begins work. The divisional personnel staff are responsible for:
  - 1. Enrolling the employee in health, dental and life insurance plans. (See related Benefit Policies and Procedures for explicit instructions.)
  - 2. Ensuring that the employee completes income tax forms, O.P.E.R.S. forms, I-9 forms and a residency affidavit.
  - 3. Informing the employee of the divisional practices and procedures.
- B. A checklist of the topics to be discussed at the divisional orientation follows this section. (See Form A-6-2) Divisional personnel staff must forward insurance enrollment forms, tax forms, etc. to the Department of Human Resources within five days of the divisional orientation.

**A-6**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**This policy has been issued under the authority of:**

A handwritten signature in dark ink, appearing to read "Deborah Southam", is written over a horizontal line.

**Signature**

Director of Human Resources

**Title**

November 7, 2014

**Date**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**  
**Department of Human Resources**  
**Orientation Checklist**

- ( ) Medical Insurance
  - 1. Health Care Options (Dental, Vision, etc.)
  - 2. Cobra Continuation Coverage
  - 3. Open Enrollment
- ( ) Dental Insurance
- ( ) Life Insurance
  - a) Group Life Insurance Program
  - b) Additional Voluntary Life Insurance
  - c) Waiver of Premium
  - d) Conversion
- ( ) Cafeteria Plan – Pre-Tax Contribution for Medical Insurance
- ( ) Medicare Deduction
- ( ) Retirement (O.P.E.R.S.) General Overview
  - 1. Additional Credit-Purchasing Time
  - 2. Restoring Refunded O.P.E.R.S. Credit
  - 3. Combining Credit from other retirement systems
  - 4. Purchasing Military Credit
- ( ) Holidays
  - 1. Vacation – How It Is Calculated
  - 2. Prior Service Credit – Service in Other Entities
- ( ) Paid Sick Leave – How It Is Earned
- ( ) Leaves of Absences
  - 1. Medical Leave
  - 2. Personal
  - 3. Military
  - 4. Educational
  - 5. Family Medical Leave Act (F.M.L.A.)
  - 6. Funeral Leave
- ( ) Employee Assistance Program

**A-6-1**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

- ( ) Investment Options
  - 1. Civil Service Credit Union
  - 2. U.S. Savings Bonds
  - 3. Ohio Deferred Compensation Program
- ( ) Voluntary Deductions
  - 1. United Way
  - 2. United Negro College Fund/Community Shares.
  - 3. Harvest for Hunger
- ( ) On-Site Training Programs
- ( ) Civil Service Residency Requirement
- ( ) Civil Service Testing Requirement
- ( ) Recognition & Incentive Programs
- ( ) Flexible Spending Accounts
  - 1.) Medical Reimbursement Accounts
  - 2.) Dependent Care Accounts

**A-6-1**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**Divisional Orientation Checklist**  
**(Not All Items are Applicable to All Employees)**

( ) Work Assignment

1. Classification and Job Description
2. Supervisor
3. Work Location
4. Assigned Work Hours/Lunch/Breaks
5. Overtime/Compensatory Time
6. Division Organization (Chain of Command)
7. Union Affiliation (if applicable)
8. Whether or not classification is deemed safety-sensitive

( ) Workplace Policies (as applicable)

1. Timekeeping Procedures
2. Attendance Policy
3. Absence From Work
  - a. Reporting Off Procedures
  - b. Return-to-Work Medical Examination
  - c. Family Members for Leave Purposes
  - d. Funeral Leave
4. Safety/Security Policies
5. Pay Day/Direct Deposit
6. Dress Code: Uniformed and Non-Uniformed Employees
7. City Cars/Pagers/Cellular Telephones
8. Computer Usage
9. Required Licenses for Operation of City Vehicles
10. Parking Infraction Tickets
11. Motor Vehicle Accident Policy
12. Employee Accident Control (Injury Pay and Transitional Work Programs)
13. Workplace Smoking Policy
14. Workplace Violence Policy
15. Drug-Free Workplace Policy
16. DOT Drug and Alcohol Testing
17. Reasonable Suspicion Drug and Alcohol Testing
18. HIV/AIDS Policy
19. Sexual Harassment
20. Equal Employment Opportunity Policy
21. Gifts and Gratuities

**A-6-2**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

( ) General Personnel Policies Within the Division

1. Civil Service Commission Testing Requirements
2. Probationary Period (Union Positions, Regular, and Temporary Appointments)
3. Performance Evaluation During Probationary Period
4. Pay Increases, Wage Adjustments, Step Schedule
5. Promotion
6. Transfer
7. Personnel Files
8. Outside Employment
9. Civil Service Residency Requirement

( ) Benefits

1. Benefit Enrollment
2. O.P.E.R.S. Enrollment
3. Holidays
4. Vacation
5. Credit Union
6. Longevity
7. Employee Assistance Program
8. Parking
9. Jury/Witness Duty
10. Leaves of Absence
11. COBRA
12. Americans with Disabilities Act

( ) Distribution of Written Policies and Procedures Unique to the Division

1. Building Evacuation & Fire Safety Plan

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**Acknowledgement of receipt of**  
**Auditor of State Fraud-reporting system information**

Pursuant of Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office. Each new employee has thirty (30) days after beginning employment to confirm receipt of this information.

By signing below, you are acknowledging the City of Cleveland provided you information about the fraud-reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud-reporting system.

I \_\_\_\_\_, have read information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor State's office. I further state that the undersigned signature acknowledges receipt of this information.

\_\_\_\_\_  
Print Name, Title and Department

\_\_\_\_\_  
Please Sign Name

\_\_\_\_\_  
Date



**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

### **3721.24 Whistleblower protection.**

(A) No person or government entity shall retaliate against an employee or another individual used by the person or government entity to perform any work or services who, in good faith, makes a report of suspected abuse or neglect of a resident or misappropriation of the property of a resident; indicates an intention to make such a report; provides information during an investigation of suspected abuse, neglect, or misappropriation conducted by the director of health; or participates in a hearing conducted under section 3721.23 of the Revised Code or in any other administrative or judicial proceedings pertaining to the suspected abuse, neglect, or misappropriation. For purposes of this division, retaliatory actions include discharging, demoting, or transferring the employee or other person, preparing a negative work performance evaluation of the employee or other person, reducing the benefits, pay, or work privileges of the employee or other person, and any other action intended to retaliate against the employee or other person.

(B) No person or government entity shall retaliate against a resident who reports suspected abuse, neglect, or misappropriation; indicates an intention to make such a report; provides information during an investigation of alleged abuse, neglect, or misappropriation conducted by the director; or participates in a hearing under section 3721.23 of the Revised Code or in any other administrative or judicial proceeding pertaining to the suspected abuse, neglect, or misappropriation; or on whose behalf any other person or government entity takes any of those actions. For purposes of this division, retaliatory actions include abuse, verbal threats or other harsh language, change of room assignment, withholding of services, failure to provide care in a timely manner, and any other action intended to retaliate against the resident.

(C) Any person has a cause of action against a person or government entity for harm resulting from violation of division (A) or (B) of this section. If it finds that a violation has occurred, the court may award damages and order injunctive relief. The court may award court costs and reasonable attorney's fees to the prevailing party.

Effective Date: 12-13-1990

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

## **124.341 Violation or misuse - whistleblower protection.**

(A) If an employee in the classified or unclassified civil service becomes aware in the course of employment of a violation of state or federal statutes, rules, or regulations or the misuse of public resources, and the employee's supervisor or appointing authority has authority to correct the violation or misuse, the employee may file a written report identifying the violation or misuse with the supervisor or appointing authority. In addition to or instead of filing a written report with the supervisor or appointing authority, the employee may file a written report with the office of internal auditing created under section 126.45 of the Revised Code or file a complaint with the auditor of state's fraud-reporting system under section 117.103 of the Revised Code.

If the employee reasonably believes that a violation or misuse of public resources is a criminal offense, the employee, in addition to or instead of filing a written report or complaint with the supervisor, appointing authority, the office of internal auditing, or the auditor of state's fraud-reporting system, may report it to a prosecuting attorney, director of law, village solicitor, or similar chief legal officer of a municipal corporation, to a peace officer, as defined in section 2935.01 of the Revised Code, or, if the violation or misuse of public resources is within the jurisdiction of the inspector general, to the inspector general in accordance with section 121.46 of the Revised Code. In addition to that report, if the employee reasonably believes the violation or misuse is also a violation of Chapter 102., section 2921.42, or section 2921.43 of the Revised Code, the employee may report it to the appropriate ethics commission.

(B) Except as otherwise provided in division (C) of this section, no officer or employee in the classified or unclassified civil service shall take any disciplinary action against an employee in the classified or unclassified civil service for making any report or filing a complaint as authorized by division (A) of this section, including, without limitation, doing any of the following:

- (1) Removing or suspending the employee from employment;
- (2) Withholding from the employee salary increases or employee benefits to which the employee is otherwise entitled;
- (3) Transferring or reassigning the employee;
- (4) Denying the employee promotion that otherwise would have been received;
- (5) Reducing the employee in pay or position.

(C) An employee in the classified or unclassified civil service shall make a reasonable effort to determine the accuracy of any information reported under division (A) of this section. The employee is subject to disciplinary action, including suspension or removal, as determined by the employee's appointing authority, for purposely, knowingly, or recklessly reporting false information under division (A) of this section.

(D) If an appointing authority takes any disciplinary or retaliatory action against a classified or unclassified employee as a result of the employee's having filed a report or complaint under division (A) of this section, the employee's sole and exclusive remedy, notwithstanding any other provision of law, is to file an appeal with the state personnel board of review within thirty days after receiving actual notice of the appointing authority's action. If the employee files such an appeal, the board shall immediately notify the employee's appointing authority and shall hear the appeal. The board may

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

affirm or disaffirm the action of the appointing authority or may issue any other order as is appropriate. The order of the board is appealable in accordance with Chapter 119. of the Revised Code.

(E) As used in this section:

(1) "Purposely," "knowingly," and "recklessly" have the same meanings as in section 2901.22 of the Revised Code.

(2) "Appropriate ethics commission" has the same meaning as in section 102.01 of the Revised Code.

(3) "Inspector general" means the inspector general appointed under section 121.48 of the Revised Code.

Amended by 129th General Assembly File No. 73, HB 66, §1, eff. 5/4/2012.

Effective Date: 10-31-1990; 07-01-2007; 2007 HB166 02-14-2008

**A-6-4**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**STATE OF OHIO WHISTLEBLOWER PROTECTION POLICY**

I \_\_\_\_\_, confirm that I have received a copy of the 3 pages of the Ohio Whistleblower Protection Policy.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

**A-6-4**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT  
(HIPAA)**

**I. Introduction**

City employees are eligible for benefits under the Health Insurance Portability and Accountability Act (HIPAA), signed into law on August 21, 1996. The law provides for portability and continuity of health insurance coverage.

**II. HIPAA Protections - Groups:**

HIPAA includes protections for coverage under group health plans that:

- A. Limit exclusions for preexisting conditions. The law defines a preexisting condition as one for which medical advice, diagnosis, care, or treatment was recommended or received during the six month period prior to an individual's enrollment date. Group health plans and issuers may not exclude an individual's preexisting medical condition from coverage for more than 12 months (18 months for late enrollees) after an individual's enrollment date.
- B. Prohibit discrimination against employee and dependents based on their health status.
- C. Allow a special opportunity to enroll in a new plan to individuals in certain circumstances (separation, divorce, death, termination of employment, reduction in hours, marriage, birth, adoption or placement for adoption).

**III. Eligibility: Creditable Coverage under HIPAA**

The City of Cleveland provides creditable coverage, such as coverage under a group health plan (including COBRA continuation coverage), HMO, individual health insurance policies, and Medicaid or Medicare.

**IV. Additional Information**

For additional information or questions regarding HIPAA, contact the Department of Human Resources, Division of Employee Relations/Benefits.

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

This policy has been issued under the authority of:

*Trudy Hutchinson*

\_\_\_\_\_  
**Signature**

Director of Personnel & HR

\_\_\_\_\_  
**Title**

March 17, 2008

\_\_\_\_\_  
**Date**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**  
**HOLIDAYS**

**I. Holidays**

- A. All eligible employees, unless otherwise specified by collective bargaining agreements will be entitled to nine paid holidays as follows:

New Year's Day  
Dr. Martin Luther King Jr. Day  
Presidents' Day  
Good Friday  
Memorial Day  
Independence Day  
Labor Day  
Thanksgiving Day  
Christmas Day

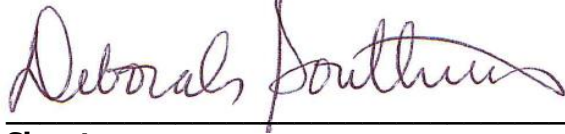
- B. To be entitled to holiday pay, an employee must work his or her last scheduled work day before and first scheduled work day after the holiday unless on an approved vacation or personal day, FMLA leave, compensatory day off, funeral leave, paid administrative leave, military leave or on a full or partial sick day where the employee has presented a certificate from a licensed physician (or medical provider) immediately upon return to work.
- C. If the above holidays fall on a Sunday, the following Monday shall be observed as the holiday. If the above holidays fall on a Saturday, the preceding Friday shall be observed as the holiday.

**II. Personal Holidays**

- A. Eligible full-time employees are entitled to two personal holidays in each calendar year.
- B. Requests to use personal holidays will be granted contingent upon operational needs. Employees must submit a request for consideration at least 48 hours in advance. Personal holidays cannot be used during the first 90 days of an initial probationary period.
- C. Personal holidays will not be paid out upon an employee's separation from employment, unless otherwise specified by collective bargaining agreements.
- D. Personal holidays cannot be carried over into the next year unless specified by collective bargaining agreements.

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**This policy has been issued under the authority of:**



**Signature**

Director of Human Resources

**Title**

February 1, 2013

**Date**



**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**JURY/WITNESS DUTY**

**I. Jury Duty**

- A. An employee who is called for the purpose of serving on a jury or for court attendance, when such duty is performed during an employee's normal working hours shall be paid for the period of jury service as follows:
1. The employee must present verification to their supervisor of the notice to serve on jury duty, prior to their appearance date(s).
  2. If an employee is required to appear in court for reasons outside of the scope of his/her employment other than for jury duty, he/she will be granted vacation time, personal time, an unpaid excused absence, or a combination, provided that documentation is provided either in the form of a subpoena or a letter from a participating attorney and provided that the request for an unpaid excused absence or vacation time is made to and approved by the appropriate appointing authority in advance. The employee will notify the appointing authority within 24 hours of receiving the summons or subpoena.
  3. When such duty is performed during employee's normal working hours, the employee must submit the pay received for jury duty (the check from the court authority) to his or her payroll representative in order to be paid for time served on jury duty. Failure to submit pay received will result in being docked for the affected days.
  4. If an employee is released from jury duty during the course of their normal work day, the employee will receive their regular rate of pay not premium pay. An employee out on an approved jury duty is required to immediately report to work after the court appearance is completed (e.g. an employee who works 8:00 a.m. – 5:00 p.m. and is released from jury duty at 1:00 p.m. is required to immediately report to work). If there will be less than one hour left in the employee's regularly scheduled work day upon returning to work, the employee is not required to report to their worksite.
- B. The employee's collective bargaining agreement may more specifically describe the policy as it is applied to bargaining unit employee.
- C. An appointing authority may assign an employee to an alternate shift or schedule to facilitate the employee's fulfillment of a jury obligation subject to

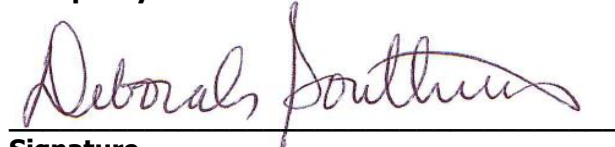
**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

the provision of the applicable collective bargaining agreement and operational needs.

**II. Witness Duty**

- D. An employee who is called to appear as a witness or expert witness, when such duty is performed during an employee's normal working hours shall be paid for the period of witness service as follows:
1. The employee must present verification to their supervisor of the notice to serve on witness duty, prior to their appearance date(s).
  2. If called as a witness, the employee's testimony must be within the scope of employment for the City of Cleveland.
  3. If an employee is released from witness duty during the course of their normal work day, the employee will receive their regular rate of pay. An employee out on an approved witness duty is required to immediately report to work after the court appearance is completed (e.g. an employee who works 8:00 a.m. – 5:00 p.m. and is released from witness duty at 1:00 p.m. is required to immediately report to work). If there will be less than one hour left in the employee's regularly scheduled work day upon returning to work, the employee is not required to report to their worksite.
- E. Collective bargaining agreements and/or divisional policies may more specifically outline application for departments and divisions.
- F. An appointing authority may assign an employee to an alternate shift or schedule to facilitate the employee's fulfillment of a witness obligation subject to the provision of the applicable collective bargaining agreement and operational needs.

**This policy has been issued under the authority of:**



**Signature**

Director of Human Resources

**Title**

August 8, 2011

**Date**

**A-9**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**  
**Leave of Absence**

**I. Introduction**

- A. At an employee's request and with the approval of the applicable appointing authority, an eligible employee may take a leave of absence from employment with the City.
- B. The following types of leave of absence are available to an eligible City employee:
  - Administrative Leave
  - Educational Leave
  - Family & Medical Leave Act
  - Unpaid Medical Leave
  - Union Leave (see applicable collective bargaining agreement)
  - Funeral Leave
  - Military Leave
  - Personal Leave (see City Policy on Holidays)
  - Sick Leave with pay
  - Vacation Leave (see City policy regarding vacations)
  - Jury/Witness Duty
- C. The time period granted for an unpaid leave of absence (other than military leave) shall not be credited to the employee for purposes of calculation of seniority, longevity or vacation.
- D. The City may impose disciplinary action, up to and including termination, to an employee who does not use a leave of absence for the purpose for which it was granted.
- E. An employee's failure to timely comply with any or all of the procedures or requirements for leaves of absence, including, but not limited to, the failure to obtain the necessary forms to return to work (when applicable) or the failure to timely request an extension of leave of absence, may result in the employee being disciplined for being absent-without-leave or absent without leave resigned (see Civil Service Rule 8.45). An employee's failure under this provision may also subject an individual to discipline, up to and including termination.

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**II. Administrative Leave**

A. Paid Administrative Leave

At the discretion of the appointing authority, an employee may be placed on administrative leave with pay to assure an employee reasonable due process or other administrative rights and protections.

B. Unpaid Administrative Leave

At the discretion of the appointing authority, an employee may request and be granted unpaid administrative leave for good cause shown.

**III. Educational Leave**

Appointing authorities may grant employees unpaid educational leaves of absence to employees with no active discipline. Criteria for applying for the leave are completion of the probationary period, no current (within two (2) years) discipline, and the operational requirements of the City.

**IV. Family Medical Leave Act (FMLA)**

Introduction

The Family Medical Leave Act (FMLA) entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.

For additional information pertaining to the rights and responsibilities of employees, please see the notices attached to this Policy. In the event that this Policy is found to be inconsistent with the rights stated in the attached DOLWH1420 and DPLWH1422 notices, the rights identified in the notices will supersede this Policy.

Definitions:

A. Son: Male child younger than 18 years of age

B. Daughter: Female child younger than 18 years of age

C. Parent: Biological parent of an employee or an individual who stood in "loco parentis" to an employee when the employee was a son or daughter.

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

D. Note: FMLA Regulation § 825.113 requires a “son” or “daughter” to be 18 years or younger or, if over 18 years must be incapable of self-care due to a physical or mental disability.

E. Note: Amendments to FMLA do not change the definition of son or daughter, except with respect to service persons that are required to be 18 years of age.

F. Exigency: Emergency or urgent matter needing immediate attention.

G. Active Duty/Contingent Operations: A call or order under the provision of law referred to in the US Code, Section 101 (a) 13 (b) of Title 10 covering military assignments during a war or national emergency.

H. Serious Health Condition: Illness, injury, impairment or physical or mental condition that involves in-patient care and/or continuing treatment by a health care provider.

I. Covered Service member: A current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness; or a covered veteran who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness. Covered veteran means an individual who was a member of the Armed Forces (including a member of the National Guard or Reserves), and was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran.

J. Relative identification: Refers to proper and legitimate documentation necessary to confirm the relationship with a relative who is a brother, sister, aunt, uncle, and grandparents who are service members.

k. Next of Kin of a covered service member: Nearest blood relative other than the covered service member’s spouse, parent, son, or daughter, in the following order of priority:

1. Blood relatives who have been granted legal custody of the covered service member by court decree or statutory provisions
2. Brothers and sisters
3. Grandparents
4. Aunts and uncles and first cousins, unless the covered service member has specifically designated in writing

**A-10**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA

L. Loco Parentis: An individual who has had day-to-day responsibility to care for and financially support a child or who had such responsibility for the employee when the employee was a child.

M. Clarification of Documentation: Refers to contact with the healthcare provider to understand the handwriting on the medical certification or the meaning of a response.

N. Authentication of documentation: Refers to contact with the healthcare provider with a copy of the certification and a request for verification that the information contained on the certification form was completed by the healthcare provider who signed the document.

O. Health Care Provider: A Doctor of Medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the State in which the doctor practices; or any other person determined by the Secretary to be capable of providing health care services.

The Family & Medical Leave Act (FMLA) as amended provides “eligible” employees with unpaid leave for the following reasons:

1. Serious Health Condition
  2. Qualifying Military Exigency
  3. Service member Family Leave
- **Serious Health Condition:** The Family and Medical Leave Act (FMLA) as amended provides eligible employees of covered employers with up to 12 weeks of leave with or without pay in a 12-month period for the employee’s own serious health condition, for the birth, adoption or foster care placement of a child with the employee and to care for a child, spouse or parent who has a serious health condition. This leave may run concurrently with paid leave or unpaid medical leave.
  - **Qualifying Exigency:** The FMLA Expansion Law (2008) provides “eligible employees” with up to 12 weeks of leave without pay in a 12-month period. A qualifying exigency arises when the spouse, son, daughter, or parent of an employee is on active duty or has been notified of an impending call or order to active duty in the Armed Forces in support of a contingency operation. Examples of a “qualifying exigency” leave are:

**A-10**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

1. To arrange for child care
2. To see a child off or welcome child home
3. To attend pre-deployment briefings
4. To attend family support meetings
5. To attend reintegration briefings

1. **Service Member Family Leave:** The FMLA Expansion Law (2008) provides an “eligible employee” who is the spouse, son, daughter, parent or next of kin of a **covered** service member with a total of 26 workweeks of leave during a 12-month period\* to care for the service member. \*This limitation on leave does not apply to other FMLA qualifying conditions.

A. An employee’s job and benefits are protected during FMLA leave.

- A. Eligibility for FMLA Leave--An employee must be employed by the City of Cleveland (City) for at least 12 months and have worked at least 1250 hours during the 12-month period immediately preceding the commencement of the leave.
  1. For purposes of the 12-month requirement, “employed” means on the active payroll. Time spent on worker’s compensation leave, sick leave, and vacation is to be counted for purposes of determining if an employee satisfies the 12-month requirement.
  2. For purposes of the 1250 hours requirement, the Fair Labor Standards Act (FLSA) measure for “hours worked” is used (i.e. time when the employee must be on duty on the work premises primarily for the employer’s benefit).

B. Length of Leave

1. The Family and Medical Leave Act (FMLA) as amended provides eligible employees of covered employers with up to 12 weeks of leave with or without pay in a 12-month period for the employee’s own serious health condition, for the birth, adoption or foster care placement of a child with the employee, to care for a child, spouse or parent who has a serious health condition, or for a qualifying military exigency. This leave may run concurrently with paid leave or unpaid medical leave.

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

2. The FMLA Expansion Law (2008) provides an “eligible employee” who is the spouse, son, daughter, parent or next of kin of a **covered** service member with a total of 26 workweeks of leave during a 12-month period to care for the service member.
3. Spouses who are both employed by the City
  - a. The aggregate number of workweeks of FMLA leave to which a husband and wife are collectively entitled for the birth of their child, for care of their newborn child, or for placement of a child with them for purposes of adoption or foster care, is limited to a combined total of 12 work weeks. The 12 week limitation applies only for the birth of a child, care for newborn, or placement of a child for adoption or foster care.
  - b. The aggregate number of workweeks of leave that can be taken by a husband and wife who work for the same employer is 26 weeks in a single 12-month period for service member family leave or a combination of exigency and service member family leave,
4. The City currently uses the rolling 12-month period that looks back at the previous 12 months to determine an employee’s eligibility for FMLA leave.

C. Permissible Grounds for FMLA Leave

1. Qualifying Events
  - a. Birth of a son or daughter or care of the newborn child
  - b. Placement of a son or daughter with the employee for purpose of adoption or foster care
  - c. Needed care of a spouse, child or parent of the employee (but not an in-law or any other relative) with a serious health condition.
  - d. The employee’s own serious health condition that makes the employee unable to perform the functions of the employee’s position. Serious health condition” means an illness, injury, impairment, or physical or mental condition that involves:
    - i. In-patient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility;



**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

- ii. Absence plus treatment (continuing treatment which includes period of incapacity for more than three (3) consecutive calendar days and either involves two (2) or more treatments or treatment on one occasion which results in a regimen of continuing treatment.
    - iii. Chronic serious health condition (incapacity which requires periodic visits for treatment or which may be episodic in nature) (e.g. epilepsy, diabetes, cystic fibrosis, etc.)
    - iv. Long-term condition (incapacity which is permanent or long-term and which requires continuing supervision of a health care provider) (e.g., Alzheimer's disease, severe stroke, terminal stages of a disease, etc.)
    - v. Prevention (e.g., chemotherapy, radiation, dialysis, etc.)  
Pregnancy (includes complications).
  - e. Qualifying Exigency Leave as defined above.
  - f. Service Member Family Leave as defined above.
  - g. Qualifying illness under the expanded eligibility requirements found in the Families First Coronavirus Response Act. (see insert attached).
- D. Procedure for Taking FMLA Leave due to the serious health condition of the employee
- 1. When an employee provides the City with oral or written notice of the need for leave, the City must send the employee the completed Notice of Eligibility and Rights & Responsibilities form WH-381 and the DOL Form WH-380E. The completed WH-381 Form must be sent to the employee within five business days of oral or written notice of the need to take leave by the employee.
  - 2. The employee's medical provider must complete DOL Form WH-380-E Certification of Health Care Provider for Employee's Serious Health Condition. The employee must return the completed DOL Form WH-380-E within 15 calendar days of the receipt of the Form WH-381.
  - 3. If the documentation provided by the employee is insufficient or incomplete, the City will contact the employee in writing to request additional information. The employee will have seven days to cure any deficiencies.
  - 4. The authorized representative of the City may contact the employee's health care provider for authentication and clarification so long as the

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

employee has first been offered the opportunity to cure incomplete documentation.

5. The City will respond to the employee with Form WH-382 Designation Notice within five business days of receipt of the Form WH-381.
6. An employee must exhaust all paid sick leave prior to taking unpaid FMLA leave.
8. With approval from the appointing authority, an employee may use vacation, personal leave or compensatory time in order to be compensated during an FMLA leave. Use of vacation, personal leave or compensatory time will not be approved if the employee is already on unpaid status.
9. It is possible that FMLA will run concurrent with any workers' compensation absence. A work related injury may also be considered a serious health condition under FMLA should it meet the requirements outlined by the FMLA regulations and for this reason may run concurrent.

E. Procedure for Taking FMLA Leave Due to the Serious Health Condition of a Family Member

1. When an employee provides the City with oral or written notice of the need for leave, the City must send the employee the completed Notice of Eligibility and Rights & Responsibilities form WH-381 and the DOL Form WH-380-F. The completed WH-381 Form must be sent to the employee within five business days of oral or written notice of the need to take leave by the employee.
2. An employee and the employee's family member's health care provider must complete DOL Form WH-380-F Certification of Health Care Provider for Family Member's Serious Health Condition. The employee must return the completed form WH-380-F within 15 calendar days of the receipt of the Form WH-381.
3. If the documentation provided by the employee is insufficient or incomplete, the City will contact the employee in writing to request additional information. The employee will have seven days to cure the deficiency.
4. The City will respond to the employee with Form WH-382 Designation Notice within five business days.

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

5. If the employee's request for FMLA leave is approved, the employee must complete a Leave of Absence Request form (A-10-1).
6. An employee must exhaust all paid sick leave prior to taking unpaid leave.
7. With approval from the appointing authority, an employee may use vacation, personal leave or compensatory time in order to be compensated during this leave. Use of vacation, personal time or compensatory time will not be approved if the employee is already on unpaid status.

**F. Procedure for Taking FMLA Leave Due to Military Exigency**

1. When an employee provides the City with oral or written notice of the need for leave, the City must send the employee the completed Notice of Eligibility and Rights & Responsibilities form WH-381 and the DOL Form WH-384. The completed WH 381 Form must be sent to the employee within five business days of oral or written notice of the need for leave by the employee.
2. The employee must complete DOL Form WH-384 Certification of Qualifying Exigency for Military Family Leave. The employee must provide the completed Form WH-384 within 15 calendar days of the receipt of the WH-381 Form.
3. If the documentation provided by the employee is insufficient or incomplete, the City will contact the employee in writing to request additional information. The employee will have seven days to cure the deficiency.
4. The City may require active-duty orders when leave is requested.
5. The City will respond to the employee with Form WH-382 Designation Notice within five business days.
6. With the approval of the appointing authority, an employee may use vacation, personal leave or compensatory time in order to be compensated during this leave. Use of vacation or personal time will not be approved if the employee is already on unpaid FMLA status.
7. If the employee's request for FMLA leave is approved, the employee must complete a Leave of Absence Request form (A-10-2).

**G. Procedure for Taking FMLA Leave Due to the Serious Injury or Illness of a Covered Service Member Incurred in the Line of Duty, or covered veteran.**

**A-10**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

1. When an employee provides the City with oral or written notice of the need for leave, the City must send the employee the completed Notice of Eligibility and Rights & Responsibilities form WH-381 and the DOL Form WH-385/385-V. The completed WH-381 Form must be sent to the employee within five business days of the oral or written notice of the need for leave by the employee.
2. The employee and/or the covered service member and the United States Department of Defense (DOD) Health Care Provider or Health Care Provider as defined on form WH-385/385-V shall complete and submit Form WH-385/385-V Certification for Serious Injury or Illness of Covered Service member for Military Family Leave. The employee must provide a completed Form-385/385-V within 15 calendar days of the receipt of the WH-381 form.
3. If the documentation provided by the employee is insufficient or incomplete, the City will contact the employee in writing to request additional information. The employee will have seven days to cure the deficiency.
4. The authorized representative of the City may contact the service member's health care provider for authentication and clarification of the certification.
5. The City will respond to the employee with Form WH-382 Designation Notice within five business days.
6. An employee must exhaust all paid sick leave prior to taking unpaid leave.
7. With approval from the appointing authority, an employee may use vacation, personal leave or compensatory time in order to be compensated during this leave. Use of vacation, personal time or compensatory time will not be approved if the employee is already on unpaid status.
8. If the employee's request for FMLA leave is approved, the employee must complete a Leave of Absence Request form (A-10-2).

**H. Guidelines For Notice of FMLA Leave**

1. Foreseeable Leave  
Notice for foreseeable FMLA leave for the birth or care of a newborn child, for the placement of a child with an employee for purposes of adoption or foster care, for planned medical treatment for the serious health condition of a spouse, child or parent of the employee, or for planned medical

**A-10**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

treatment of an employee's own serious health condition must be given according to the following guidelines.

- a. For FMLA leave for the birth of the employee's child, for care of the newborn child, and for placement of a child with the employee for purposes of adoption or foster care, an employee is required to give the City at least 30 days' notice of the intention to take FMLA leave.
- b. An employee is required to give at least 30 days' notice for planned medical treatment in connection with the serious health condition of a spouse, child or parent of the employee or the employee's own serious health condition.
- c. An employee shall make reasonable effort to schedule planned medical treatment in connection with the serious health condition of a spouse, child or parent of the employee or the employee's own serious health condition, so as not to unduly disrupt the City's operations.
- d. Leave may be delayed or denied when the employee fails to follow the City's notice provisions.
- e. If the employee fails to provide 30 days' notice when required with no reasonable excuse, the City may delay the leave for up to 30 days.
- f. Employees who fail to follow notice requirements are subject to disciplinary action, up to and including termination.

**2. Unforeseeable Leave**

- a. If an employee needs to take FMLA leave due to unforeseen circumstances, the employee shall provide the City with as much notice of the need for FMLA leave as is practicable.
- b. An employee should give notice within one or two working days of becoming aware of the need for leave.
- c. If leave was foreseeable but foreseeable by less than 30 days, and the employee fails to provide notice as soon as practicable, leave may be delayed by the amount of time the notice was late.
- d. Employees who fail to follow notice requirements are subject to disciplinary action, up to and including termination.

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

- I. Intermittent leave and reduced schedule leave:
  - 1. Intermittent leave or reduced schedule leave is available for FMLA leave taken in connection with:
    - a. the employee's own serious health condition;
    - b. for needed care of an employee's spouse, child or parent with a serious health condition;
    - c. for a qualifying military exigency;
    - d. for service member family leave.
  - 2. Intermittent leave or reduced schedule leave is not available for FMLA leave taken in connection with the birth of an employee's child, care of an employee's newborn child, or placement of a child with an employee for purposes of adoption or foster care.
  - 3. Employee needing intermittent leave or reduced schedule leave must make a reasonable effort to schedule their leave so as not to disrupt the operations of the division and department in which the employee is employed.
  - 4. The City possesses the right to temporarily transfer an employee requesting intermittent leave or reduced schedule leave that is foreseeable based on planned medical treatment to an available alternative position for which the employee is qualified.
- J. Verification of Leave Status
  - 1. The City's authorized representative may request additional information when information provided with a request for leave is insufficient.
  - 2. The authorized representative of the City may contact a health care provider for clarification or authentication of a certification that appears to be sufficient.
  - 3. Second opinion. The City may require the employee to submit to an examination by a medical provider of the City's choice in order to obtain a second medical opinion for a FMLA leave requested for an employee's serious health condition. A second medical opinion may not be requested for leave taken for care of a spouse, child or parent of the employee with a serious health condition or for service member family leave. The City shall be responsible for paying for all medical expenses associated with the second opinion. The health care provider

**A-10**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

designated by the City will not be employed by the City on a regular basis.

4. Third opinion Disagreement between the second opinion obtained by the City and the original medical opinion provided on Forms 380, may result in a request by either the City or the employee for a third, final, and binding medical opinion based on an examination of the employee by a third medical provider. The City shall be responsible for paying all medical expenses associated with the third opinion. The City and the employee must jointly select the third medical provider.
5. Annual Certification  
The City may require an employee taking FMLA leave to obtain annual medical certification of:
  - a. The employee's serious medical condition.
  - b. The serious medical condition of a spouse, child or parent.
6. Recertification The City may require recertification for leave due to an employee's serious health condition no more often than every 30 days and only in connection with an absence by the employee unless one of the following applies:
  - a. If the medical certification indicates that the minimum duration of the condition is more than 30 days, the City may require recertification when the minimum duration expires.
  - b. The City may request recertification in fewer than 30 days if:
    - i. the employee requests an extension of leave;
    - ii. circumstances described by the previous certification have changed significantly; or
    - iii. the City receives information that casts doubt on the employee's stated reason for the absence.
7. The City may not seek recertification or second or third opinions regarding covered service member leave.
- K. Non-accrual of seniority and employment benefits. An employee shall not accrue seniority or employment benefits during any period of unpaid FMLA leave subject to the provisions of an applicable collective bargaining agreement. An employee shall not be entitled to any right, benefit, or position of employment other than any right, benefit, or position of employment to which the employee would have been entitled had the employee not taken unpaid FMLA leave.

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

- L. Return to Work examination. The City may require an employee taking FMLA leave to satisfactorily complete a return to work examination prior to being permitted to return to work. The return to work examination may consist of a simple statement from the employee's physician that the employee is able to return to work, or it may be a return to work examination conducted in regard to the condition that caused the employee's need for leave.
- M. Maintenance of health and dental benefits.
  - 1. An employee taking unpaid FMLA leave will continue to receive health and dental benefits under any City of Cleveland health or group dental plan under the same terms and conditions as would have existed if the employee had not taken FMLA leave.
  - 2. The City may recover its cost of maintaining health and dental benefits for an employee during any period of unpaid FMLA leave if the employee fails to return to work after the employee's FMLA leave expires.
- N. Restoration to Position When the employee is able to return to duty, the employee will be restored to the same or similar position held prior to the leave.

**V. Unpaid Medical Leave.**

- A. Subject to the terms of an applicable collective bargaining agreement an employee may request an unpaid medical leave of absence for a period not to exceed six months. An employee may request additional periods of leave or other exceptions to this policy as accommodations for a disability. This leave of absence may run concurrently with FMLA.
  - 1. An employee must exhaust all available sick leave to be eligible for unpaid medical leave.
  - 2. An employee must submit a request for unpaid medical leave of absence prior to exhaustion of paid sick leave. Failure to submit timely request for unpaid medical leave of absence may result in the employee being deemed absent without leave.
  - 3. An employee may also qualify for an unpaid medical leave through the ADA process, as a reasonable accommodation. For further information on the ADA process, please see the Section A-1, the Americans with Disabilities Act (A.D.A.) Policy.



**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

- B. Eligibility for Unpaid Medical Leave  
An employee shall not be eligible for unpaid medical leave unless it is approved in advance, unless advance approval is not reasonably possible.
- C. Procedure for Taking Unpaid Medical Leave.
1. An employee must submit the Request for Medical Leave of Absence form, signed and dated, at least ten calendar days prior to expiration of any available FMLA leave or ten calendar days prior to the date on which an employee wants unpaid medical leave to begin, whichever is later. In the event that an unforeseeable emergency prevents an employee with complying with the ten day notice requirement, the employee shall provide the City with the completed request form within three calendar days of the date on which the unpaid medical leave began.
  2. A request for unpaid medical leave shall be accompanied by appropriate written medical documentation explaining the reason for the request in detail. The City reserves the right to require an employee requesting unpaid medical leave to provide the City with more documentation than is required in connection with a request for medical leave under the FMLA.
  3. The City reserves the right to grant an unpaid medical leave that is shorter in duration than is requested by an employee and require the employee to request an extension of the authorized extended medical leave in writing prior at least ten calendar days prior to the end of approved leave if the employee wants to extend the authorized leave.
  4. The City reserves the right to require an employee on an unpaid medical leave to provide the City with periodic written updates on the employee's medical status and the employee's intention to return to work.
  5. The City may require an employee taking unpaid medical leave to satisfactorily complete a return to work examination prior to being permitted to return to work. The return to work examination may consist of a simple statement from the employee's physician that the employee is able to return to work or it may be a return to work examination conducted according to City of Cleveland procedures.

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**VI. Funeral Leave.**

A. Introduction.

An employee may take a leave of absence for the funeral of an immediate family member to be charged against accumulated sick leave in the event of death of a member of the employee's immediate family. The terms of an employee's Funeral Leave may be subject to the provisions of the applicable collective bargaining agreement.

B. Eligibility for Funeral Leave.

For purposes of the City's funeral leave and sick leave policies only, an employee's "immediate family" includes the employee's spouse, domestic partner, mother, father, mother-in-law, father-in-law, child, grandparent, grandchild, brother, sister, or an individual who stood in loco parentis to the employee.

C. Maximum Duration of Funeral Leave.

1. Five working days if the funeral is within the State of Ohio.
2. Seven working days if the funeral is outside the State of Ohio.

D. Procedure for Taking Funeral Leave.

1. Submit the Request for Sick Leave Funeral Leave Form, signed and dated, along with all other documentation identified on the form.
2. Attend the funeral and provide the City with a copy of the Funeral Director's Notice.

**VII. Military Leave.**

A. Introduction.

An employee may take a leave of absence for active or reserve duty in the armed forces of the United States. The terms of an employee's military leave are subject to the provisions of the applicable collective bargaining agreement. The City of Cleveland military leave policy is intended to comply fully with the Uniformed Services Employment and Re-employment Act. (USERRA)

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

B. Eligibility for Military Leave.

An employee requesting military leave shall submit valid proof of a call to active duty in the armed forces of the United States or valid proof of the dates on which reserve duty in the armed forces of the United States is to take place.

C. Procedure for Taking Military Leave.

1. Submit the Non FMLA Leave of Absence Request Form (A-10-1), signed and dated, along with all other documentation identified on the form.

2. Military Leave – Non-National Crisis

- a. An employee who is a member of any reserve component of the armed forces of the United States is entitled to a leave of absence for military service (non national crisis) in field training or active duty periods
- b. Subject to the provisions of the applicable bargaining agreement, the City will pay the difference in compensation between the employee's total military pay and the employee's City pay if the employee's military pay is less than the employee's City pay. Proof of military pay is required before payment is made, subject to the provisions of the applicable collective bargaining agreement.
- c. For purposes of hospitalization, life insurance, vacation, sick leave and longevity pay, a person on military leave of absence shall be deemed to be in the service of the City.
- d. Compensation and benefit coverage may vary according to applicable collective bargaining agreement.

3. Military Leave - National Crisis

- a. The employee is designated as being on a leave of absence.
- b. The employee engaged in active duty shall receive the difference between his or her total military pay and City pay. Proof of military pay is required before payment is made.
- c. Subject to the provisions of the applicable bargaining agreement, the city will pay the difference in compensation between the employee's total military pay and the employee's City pay if the employee's military pay is less than the employee's City pay. Proof of military pay is required before payment is made.

**A-10**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

- d. For purposes of hospitalization, life insurance, vacation, sick leave and longevity pay, a person on military leave of absence shall be deemed to be in the service of the City.

4. Reemployment Following Military Leave

- a. Upon release from military service, the employee must apply to the appointing authority for reinstatement. The release or discharge from military service must be under "satisfactory" or "honorable" conditions.
  - i. If the period of active duty was 30 days or less, the employee must report to work on the first work day following the completion of military service.
  - ii. If the period of military service was greater than 30 days but less than 181 days, the employee must submit an application for reemployment no later than 14 days following completion of the period of military service.
  - iii. If the period of military service was greater than 180 days, the employee must submit an application for reemployment within 90 day following completion of the military service.
  - iv. If the employee remains hospitalized after discharge for a condition incurred in or aggravated by performance of military service, the employee shall apply for reemployment after the period necessary to recover from the injury or illness. Such period of recovery may not exceed two years.
- b. If the employee makes a request for reinstatement within the specified time period, with a satisfactory or honorable service record, and is physically qualified to perform the duties of the position, the employee must be reinstated to his or her previous position without loss of seniority. Salary upon reinstatement will be what the employee would be earning had there been no break in service. Any automatic promotions or advancements that the employee would have shall be granted to the employee upon reinstatement.
- c. The employee OPERS retirement credit shall be computed as if the employee had remained continuously at work.
- d. If the employee's position no longer exists when the employee applies for reinstatement, the employee will be placed in a position for which he or she is qualified which has like seniority, status and pay. If the employee, due to a

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

service-connected disability, is unable to return to his or her former position, the employee may seek accommodation through the City's Accommodations Review Committee.

- e. A reemployed employee may not be discharged without cause for one year after reinstatement. Reservists whose active duty was 90 days or less may not be discharged without just cause for six months.

**VIII. Sick Leave With Pay**

A. Introduction.

A full-time employee may take sick leave with pay for specified health conditions.

B. Eligibility for Sick Leave.

- 1. A probationary employee accumulates sick time during his or her probationary period, but cannot take sick leave until the employee has completed 90 days of service.
- 2. Sick leave is available to all other full-time employees subject to the terms of the applicable collective bargaining agreement.
- 3. An eligible employee may take paid sick leave for one of the following health conditions if the employee is unable to work because of the condition:
  - a. Actual illness of the employee.
  - b. Pregnancy of the employee.
  - c. Actual work-related or non-work-related injury of the employee.
  - d. Medically ordered confinement due to employee's exposure to a contagious disease.
  - e. Medical, dental or optical examination or treatment of the employee or member of employee's immediate family.
  - f. Actual illness or injury of a member of the employee's immediate family.
- 4. For purposes of the City's funeral leave and sick leave policies only, an employee's "immediate family" includes the employee's spouse, domestic partner, mother, father, mother-in-law, father-in-law,

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

child, grandparent, grandchild, brother, sister, or an individual who stood in loco parentis to the employee.

5. An employee who uses sick leave for something other than one of the permissible grounds listed above shall be subject to disciplinary action, up to and including termination.
6. An employee is not permitted to use sick leave intermittently with unpaid time in order to prolong sick leave.

C. Procedure for Taking Sick Leave.

1. In cases where the use of sick leave is foreseeable, the employee must submit the sick leave request form (A-10-1), signed and dated in advance to the appointing authority or designee.
2. In cases where use of sick leave is not foreseen, the employee must submit the sick leave request form immediately upon the employee's return from leave.
3. Sick leave used in connection with a serious health condition shall be, where applicable, charged to an eligible employee's 12-week allotment of FMLA leave.

D. Sick Leave Accrual

1. Every eligible employee accumulates sick time at the rate of up to 10 hours per month for actual months during which he or she is on the payroll.
2. There is no limit to the total number of sick time hours that can be accumulated.

E. Sick leave use in excess of three working days.

1. The appointing authority or designee may request medical documentation for an employee's continuous absence that exceeds three days. All documentation is subject to review.

F. Sick leave use in excess of five working days.

1. employee who is absent for a period of five days or more may be required to undergo a return-to-work examination if such examination is job-related and consistent with business necessity, as required by the ADA. Such an employee will be notified concerning a back-to-work

**A-10**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

examination. Failure to follow the back-to-work procedure may result in the employee being deemed absent without leave.

2. Employees returning from an approved Bureau of Worker's Compensation absences or from an approved continuous Family and Medical Leave Act absences (for the employee) are not required to attend a return-to-work examination unless management determines the employee cannot successfully perform the essential functions of the job.
7. For non-bargaining unit employees, no paid sick leave will be granted unless the division authority designated by the City is notified of the absence no later than one hour prior to the employee's scheduled start time on the day of the absence.
8. Notice of absence for bargaining unit employees is established by the applicable collective bargaining agreement.

**IX. Vacation Leave.**

For information regarding the City's vacation policy and the procedure for taking vacation leave, see the vacation policy in this section.

**This policy has been issued under the authority of:**



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**Signature**

Director of Human Resources

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**Title**

May 13, 2021

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**Date**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**  
**CITY OF CLEVELAND**

**REQUEST FOR MEDICAL LEAVE OF ABSENCE FORM -- EMPLOYEE ONLY**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPT.: \_\_\_\_\_ DIV.: \_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_

**Types of Request:**                    ☐ FMLA – Medical LOA                    ☐ Non-FMLA Medical LOA

*If FMLA, is the Request:*                    ☐ Continuous; or                    ☐ Intermittent

Types of FFCVRA Request:                    ☐ EFMLEA – Childcare LOA                    ☐ EPSL – COVID Admin Leave

**Leave of absence beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.**

I have attached a Physician's statement or Certification of Health Care Provider Statement which sets forth:

- 1) A description of the health condition.
- 2) The date the condition commenced.
- 3) The probable duration of the condition or incapacity.
- 4) Description of any necessary intermittent absences from work due to treatment or therapy.

At least five (5) days prior to the expiration of any leave, I (the employee) agree to contact my Division and/or Department to obtain the necessary forms to facilitate my return to work or to request an extension of this leave.

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
APPOINTING AUTHORITY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DIRECTOR OF HR/Designee

\_\_\_\_\_  
DATE

\_\_\_\_\_  
**APPROVED**

\_\_\_\_\_  
**NOT APPROVED**

- FMLA leave of absence is applicable only to a serious health condition experienced by the employee, employee's spouse, child(ren), or parent. "Serious health condition" means an illness, injury impairment or mental condition that involves hospital care, non-routine treatment or therapy, incapacity due to pregnancy or chronic condition requiring treatment. **(See the Leaves of Absence Policy – A-10 for specific details)**
- EFMLEA the leave is expressly focused at the Coronavirus pandemic as a public health emergency and requires leave to be granted when an **eligible** employee who is unable to work (or telework) due to a need to care for their child when a school or place of care has been closed, or when the regular childcare provider is unavailable due to a public health emergency with respect to COVID-19 **(Expires 13-31-2020)**. **(See The Emergency Family Medical Leave Expansion Act (EFMLEA) – Work Rule 4)**
- EPSL the leave is expressly focused at the Coronavirus pandemic as a public health emergency and requires leave to be granted when an **eligible** employee who is unable to work (or telework) due to the Coronavirus **(Expires 13-31-2020)**. **(See the City of Cleveland, Human Resources Work Rule (PART 2) -- Families First Coronavirus Response Act ("FFCRA"))**

If it is found that a Leave of Absence is not actually being used for the purpose for which it was granted, the City of Cleveland may impose disciplinary action up to and including discharge of employment. An employee who fails to report to work at the expiration or cancellation of a leave of absence shall be considered to be absent without leave.

cc: **Department of Human Resources**

**A-10-1**



**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**CITY OF CLEVELAND**  
**FLEXIBLE WORK ARRANGEMENT FORM -- EMPLOYEE ONLY**

Options for Work from Home Eligible Employees with Caregiving Responsibilities

The City of Cleveland and Department of Human Resources have received numerous questions regarding the circumstances faced by work from home eligible employees who have caregiving responsibilities due to closure of schools and/or unavailability of care providers as a result of locally-directed precautions for COVID-19.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPT.: \_\_\_\_\_ DIV.: \_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_

EMPLOYEE STATUS: ( ) Critical/Emergency Responder ( ) Essential ( ) Non-Essential

**Types of Request:** ( ) Work from Home ( ) Flexible work hours/days  
( ) Alternating onsite and work from home workdays/weeks  
( ) Reduced hours

**Temporary arrangement beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.**

Eligible employees may request a flexible work arrangement when the employee has to care for their child when a school or place of care has been closed, or when the regular child care provider is unavailable due to a public health emergency with respect to COVID-19. All employees requesting a flexible work arrangement must provide written notice of the request. Notice of the need for leave must include:

1. The name and age of the child or children being cared for.
2. The name of the school, place of care, or childcare provider that closed or became unavailable due to COVID-19 reasons.
3. A statement representing that no other suitable person is available to care for the child or children during the period of requested leave. For children over the age of 14, a statement indicating the special circumstances that require the employee to provide care during daylight hours.

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
APPOINTING AUTHORITY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DIRECTOR OF HR/Designee

\_\_\_\_\_  
DATE

\_\_\_\_\_ **APPROVED**

\_\_\_\_\_ **NOT APPROVED**

If it is found that the flexible work arrangement is not actually being used for the purpose for which it was granted, no longer operationally feasible or if the employee's performance no longer warrants the continued arrangement, the City of Cleveland may cancel the arrangement or impose disciplinary action up to and including discharge of employment. An employee who fails to report to work at the expiration or cancellation of a flexible work arrangement shall be considered to be absent without leave.

cc: Department of Human Resources

**A-10-2**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

# EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

## LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

## BENEFITS & PROTECTIONS

## ELIGIBILITY REQUIREMENTS

## REQUESTING LEAVE

## EMPLOYER RESPONSIBILITIES

## ENFORCEMENT

For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627

**www.dol.gov/whd**

U.S. Department of Labor | Wage and Hour Division



WH1420 REV 04/16

**A-10-3**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

# EMPLOYEE RIGHTS

## PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The Families First Coronavirus Response Act (FFCRA or Act) requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

### ► PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- ⅔ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at ⅓ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

### ► ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.*

### ► QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

- |   |   |
|---|---|
| <ol style="list-style-type: none"><li>1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;</li><li>2. has been advised by a health care provider to self-quarantine related to COVID-19;</li><li>3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;</li><li>4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);</li></ol> | <ol style="list-style-type: none"><li>5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or</li><li>6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.</li></ol> |
|---|---|

### ► ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



**WAGE AND HOUR DIVISION**  
UNITED STATES DEPARTMENT OF LABOR

For additional information  
or to file a complaint:  
**1-866-487-9243**  
TTY: 1-877-889-5627  
[dol.gov/agencies/whd](https://dol.gov/agencies/whd)



WH1422 REV 03/20

**A-10-4**



**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**  
**REQUEST FOR**  
**VACATION TIME ♦ PERSONAL HOLIDAYS**

NAME \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

**VACATION DAYS**

DATE(S) OF TIME OFF			WORK HOURS FOR PARTIAL DAYS ONLY (Early departure and/or delayed arrival)	NO. OF HOURS
Month	Day	Year		
TOTAL VACATION HOURS REQUESTED:				
TOTAL VACATION HOURS REMAINING:				

**PERSONAL HOLIDAYS**

DATE(S) OF TIME OFF			WORK HOURS FOR PARTIAL DAYS ONLY (Early departure and/or delayed arrival)	NO. OF HOURS
Month	Day	Year		
TOTAL PERSONAL HOURS REQUESTED:				
TOTAL PERSONAL HOURS REMAINING:				

\_\_\_\_\_  
Employee Signature

☐ APPROVED

\_\_\_\_\_  
Supervisor/Manager Signature

☐ DISAPPROVED

\_\_\_\_\_  
Appointing Authority Signature

\_\_\_\_\_  
Date

**A-10-5**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**  
**REQUEST FOR**  
**SICK TIME ♦ FUNERAL LEAVE**

NAME \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

**SICK DAYS**

DATE(S) OF TIME OFF			WORK HOURS FOR PARTIAL DAYS ONLY (Early departure and/or delayed arrival)	NO. OF HOURS
Month	Day	Year		
TOTAL VACATION HOURS REQUESTED:				
TOTAL VACATION HOURS REMAINING:				

**FUNERAL LEAVE**

DATE(S) OF TIME OFF			WORK HOURS FOR PARTIAL DAYS ONLY (Early departure and/or delayed arrival)	NO. OF HOURS
Month	Day	Year		
TOTAL PERSONAL HOURS REQUESTED:				
TOTAL PERSONAL HOURS REMAINING:				

\_\_\_\_\_  
Employee Signature

☐ APPROVED

\_\_\_\_\_  
Supervisor/Manager Signature

☐ DISAPPROVED

\_\_\_\_\_  
Appointing Authority Signature

\_\_\_\_\_  
Date

**A-10-6**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**LONGEVITY**

**I. Introduction**

Longevity pay is an annual payment based on an employee's continuous service with the City.

**A. Longevity Schedule**

5-9 years of service completed:	\$300.00
10-14 years of service completed:	\$475.00
15-19 years of service completed:	\$575.00
20-24 years of service completed:	\$700.00
25 years + of service completed:	\$800.00

B. Bargaining unit employees should refer to the applicable collective bargaining agreement.

**II. Eligibility**

A. To be eligible to receive longevity pay, an employee must have completed the indicated years of service on or before March 1st of the year in which eligibility is achieved and the employee must have been an active employee at some time between January 2nd and March 1st of that year.

B. The following employees are not entitled to Longevity Pay:

1. Elected Officials
2. Board and Commission Members
3. Employees who have a collective bargaining agreement that specifies they are ineligible
4. Part-time Employees

**III. Payroll Procedure**

A. A separate payroll and separate warrants will be issued in payment of longevity, and payments will be made no later than March 31st of each year.

B. Payroll representatives will receive and verify documents from the Division of Accounts that will indicate the amount due to eligible employees.

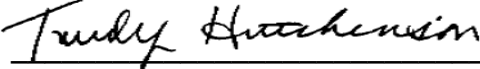
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**Benefits Policies**

- C. Each payroll representative shall maintain for audit purposes a record of the employees entitled to longevity and the date of their hire with the City.

**IV. Calculation of Longevity Pay:**

- A. Longevity pay shall be based upon an employee's uninterrupted length of continuous service with the City. If an employee is discharged or resigns at any time and is later rehired, he or she shall be considered a new employee in respect to longevity. An employee's longevity shall be broken (or terminated) when an employee:
1. Resigns
  2. Is discharged for just cause
  3. Is laid off for a period of more than 24 consecutive months.
- B. An authorized leave of absence will not break an employee's service with the City; however, the time spent on such leave shall not be credited to an employee's years of service. Military leave time will be included in the computation.
- C. Prior service credit is not to be included in calculating longevity for an employee.

**This policy has been issued under the authority of:**



**Signature**

Director of Personnel & HR

**Title**

November 17, 2008

**Date**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM (O.P.E.R.S.)**

**I. Ohio Public Employees Retirement System (O.P.E.R.S.)**

- A. Under Ohio law, a public employee retirement system has been established to provide a pension for retired public employees.
- B. This policy provides a summary of O.P.E.R.S. eligibility requirements and enrollment procedures. Complete guidelines can be found under separate cover in the O.P.E.R.S. Member Handbook, published by the State of Ohio.
- C. Both employees and employers make contributions to O.P.E.R.S. at rates established by the state legislature.
- D. All questions regarding O.P.E.R.S. should be referred to the Department of Human Resources, Division of Employee Relations/Benefits.

**II. O.P.E.R.S. Enrollment**

- A. It is the responsibility of the appropriate department or division personnel representative to ensure that each new employee, full-time or part-time, fills out an O.P.E.R.S. enrollment form.
- B. This form should then be mailed by the department or division personnel representative directly to O.P.E.R.S. at the following address:

Ohio Public Employees Retirement System  
277 East Town Street  
Columbus, OH 43215-4642

**IV. Re-Employment Under O.P.E.R.S.**

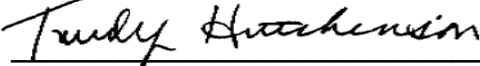
- A. The policy of the City of Cleveland is to rehire retired persons based only on departmental needs. For more complete information, please refer to the post retirement reemployment policy listed in this section.
- B. All re-employed O.P.E.R. S. retirees must begin contributions to O.P.E.R.S. on the first day of re-employment.



**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

- C. All re-employed O P.E.R.S. retirees must elect one of two benefit options:
1. The employee may elect to receive compensation from the City, receive his or her retirement allowance and make contributions toward a money purchase annuity.
  2. The employee may elect to receive compensation from the City, have his or her retirement allowance suspended during the re-employment period and make contributions toward a formula benefit.
- D. All re-employed O.P.E.R.S. retirees must complete an SR-6 form which is available in the Department of Human Resources, Division of Employee Relations/Benefits. It is the responsibility of the department/division payroll representative to ensure that the SR-6 form is completed.
- E. All re-employed retirees from another Ohio retirement system must file a Personal History Record with the Department of Human Resources, Division of Employee Relations/Benefits.
- F. Health Care Coverage
1. The City must provide health care coverage for an O.P.E.R.S. retiree who is re-employed.
  2. The City's health care coverage is primary. O.P.E.R.S. health care coverage shall not be provided during a retiree's suspension or forfeiture of a retirement allowance.

**This policy has been issued under the authority of:**



\_\_\_\_\_  
**Signature**

Director of Personnel & HR

\_\_\_\_\_  
**Title**

March 17, 2008

\_\_\_\_\_  
**Date**

**A-12**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**OPEN ENROLLMENT**

**I. Open Enrollment**

- A. All eligible employees will have the opportunity to change health care providers during an open enrollment period the first quarter of each calendar year. The new health coverage will be effective on April 1st of that year.
- B. The City's benefit year for all health, dental, and vision care coverage, is April 1st to March 31st of the following year.

**II. Procedure**

- A. The open enrollment procedure for eligible employees is as follows:
  - 1. The Department of Human Resources, Division of Employee Relations/Benefits, will inform all departmental/ divisional payroll representatives of the open enrollment period.
  - 2. Departmental/divisional payroll representatives should post this notice of enrollment period in the department/division.
  - 3. Health care carriers will provide employees with information about health care coverage options.
  - 4. Departmental/divisional payroll representatives will have the necessary forms to change an employee's health care coverage.
  - 5. Employees must return all forms to their departmental/divisional payroll representative by the specified deadline. After the deadline, employees will not be permitted to change medical insurance coverage.
  - 6. The employee must provide proof of eligible dependents during enrollment:

Spouse-copy of marriage certificate

Natural Child-copy of birth certificate. (Please note: newborns must be added within 30 days of birth).

Adopted child-copy of legal document formalizing adoption

Person under employee's care/Guardianship-copy of legal document formalizing guardianship.

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

This policy has been issued under the authority of:

*Tudy Hutchinson*

\_\_\_\_\_  
**Signature**

Director of Personnel & HR

\_\_\_\_\_  
**Title**

March 17, 2008

\_\_\_\_\_  
**Date**

**A-13**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**Post-Retirement Reemployment**

**I. Statement of Policy:**

It shall be the policy of the City of Cleveland to allow reemployment of individuals who have retired from the City of Cleveland under certain conditions. Reemployment is intended to be on a part-time basis for a limited duration subject to collective bargaining agreements and Civil Service Rules. Also returning employees may enter into a contractual relationship with the City of Cleveland if that agreement meets all the legal requirements set forth by the Director of Law and established contracting policies.

The option to reemploy a retired employee is available to fill only existing vacancies. Newly created positions are not to be filled by retired returning employees.

**II. Post Retirement Reemployment Recommendation:—Same Position**

**A. Review of Recommendation**

1. Prior to reemployment of an individual who previously retired from employment with the City of Cleveland, a recommendation will be submitted by the appointing authority of the department where the individual is being considered for reemployment.
2. The recommendation will be made to the Chief responsible for the department or cluster where reemployment is being considered.
3. The Recommendation will include:
  - a. The name of the former employee
  - b. The classification most recently held by the retired employee
  - c. The recommended classification to be held by the retired employee
  - d. The rationale for reemployment of the retired employee.
  - e. Whether the position is full- or part-time.
  - f. If the reemployment is to be full-time, the rationale for the full-time reemployment.
  - g. Expected duration of re-employment
4. As appropriate, the appointing authority will consult with the Director of Human Resources to explore alternative means to fill the vacancy.

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**Human Resources Policies and Procedures**  
**Benefits Policies**

**B. Approval of Recommendation**

1. The Chief of the cluster or affected department will have the responsibility for obtaining approval from the Mayor or the Mayor's designee. The recommendation should be submitted with supporting documentation including an alternative method for accomplishing the duties in the event the request is not approved.
2. The Mayor or the Mayor's designee will have final approval on the request for reemployment.

**III. Post Retirement Reemployment Recommendation—Different Position:**

- A. Consideration for reemployment of an individual in retirement status, in a position different than the position previously served, requires a recommendation from the appointing authority of the department where the individual is being considered for reemployment.
- B. The recommendation will be made to the Chief in charge of the department or cluster in which the reemployment is requested. The recommendation will include
  1. The name of the retired employee
  2. The classification most recently held by the retired employee
  3. The rationale for reemployment of the retired employee
  4. Whether the position is to be full- or part-time
  5. If the position is to be full-time, the rationale for the full-time employment
  6. The expected duration of the re-employment.
- C. The cluster Chief must approve the request. The Mayor or the Mayor's designee will have the final approval.

**IV. Rate of Pay**

Subject to applicable collective bargaining agreements.

**V. Policy Application**

Application of this policy is intended to be prospective.

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

This policy has been issued under the authority of:

*Trudy Hutchinson*

\_\_\_\_\_  
**Signature**

Director of Personnel & HR

\_\_\_\_\_  
**Title**

March 17, 2008

\_\_\_\_\_  
**Date**

**A-14**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

**RETIREMENT ELIGIBILITY AND BENEFITS**

**I. Retirement Eligibility and Benefits**

The City of Cleveland retirement plan is provided by the Ohio Public Employees Retirement System (O.P.E.R.S.) and the State Police and Fire Disability Pension Fund. All regulations governing retirement benefits are promulgated by these systems. Detailed information is published under separate cover by the State of Ohio. This policy represents a general summary and guidelines regarding the State of Ohio retirement programs and regulations.

**Ohio Public Employee Retirement System**  
**277 East Town St.**  
**Columbus, Ohio 43215-4642**  
**1-800-222-PERS (7377)**  
**[www.opers.org](http://www.opers.org)**

**II. Retirement Eligibility and Benefits Description**

- A. Eligible employees should be assisted by the departmental/divisional payroll representative within their department/division in completing their retirement forms.
- B. Retirees, including re-employed retirees (see A-14), are entitled to final payments by separation voucher for the following if applicable:
  - a. Any unused vacation (i.e., vacation carried over from previous years).
  - b. Pro-rated vacation.
  - c. Sick leave conversion (one-third of the accumulated hours to be paid at the average hourly rate of the three highest years of earnings).
    - i. Exception – If an employee has been approved for full time Reemployment as stipulated in the Post-Retirement Reemployment Policy the employee may request in writing to have their sick time carried over into their new reemployment status as long as they receive prior approval from the Director of Human Resources for the validation of balances, policy and collective bargaining agreements and the Director of Finance for the determination of the fiscal impact.
  - d. Earned compensatory time if applicable.
- C. In order to receive the above entitlement, the retired employee must submit a signed letter to the appointing authority stating the date of retirement.

**A-15**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

This letter must be attached to vouchers and a copy is retained by the division. Attachments to the vouchers must include appropriate documentation.

**III. Disability Retirement**

A. City of Cleveland employees who are unable to perform the essential job duties of his or her position on a permanent basis due to a disabling illness, injury or medical condition, may be eligible for disability retirement through O.P.E.R.S. Employees must contact O.P.E.R.S. to initiate the disability retirement process.

B. Eligibility for Disability Retirement

- a. Disability retirement is applicable if any employee is considered to be mentally or physically incapacitated for the performance of his or her duty. Disability retirees are entitled to be paid final payments by separation voucher in the same manner as other City employees.

**This policy has been issued under the authority of:**

  
\_\_\_\_\_  
**Signature**

Director of Human Resources  
\_\_\_\_\_  
**Title**

December 12, 2013  
\_\_\_\_\_  
**Date**



**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**  
**UNEMPLOYMENT COMPENSATION**

**I. Unemployment Compensation**

- A. Public employees in the State of Ohio are covered by the Ohio unemployment statute.
- B. Under the law, employees who have been separated from City employment and meet the eligibility requirements set by the Ohio Unemployment Compensation Law will be covered.

**II. Eligibility for Unemployment Compensation**

- A. A person may become eligible for unemployment benefits when:
  - 1. He or she has worked a minimum of 20 credit weeks, as set forth by the basic requirements of the Ohio Jobs and Family Service (JFS).
  - 2. The present unemployment is involuntary or not the fault of the person who is unemployed.
  - 3. He or she must be able to work and is actively seeking work, however, is unable to obtain full time employment.
- B. The determination of eligibility for benefits is made by the JFS and not by the City of Cleveland

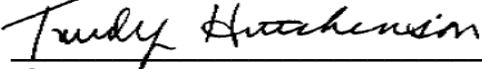
**III. Process**

- A. Employees who have been laid off for lack of work or lack of funds may apply for unemployment compensation at a local JFS Office.
- B. Employees who have resigned or have been terminated from their position may apply for unemployment compensation at a local JFS Office, but the JFS Office will determine if the employee is eligible.
- C. The JFS Office mails a Wage and Separation Information form to the Department of Human Resources, Division of Employee Relations/Benefits.
- D. The Department of Human Resources, Division of Employee Relations/Benefits, reviews the claim, completes the Wage and Separation Form and returns it to JFS within ten days of the date it was mailed. If the City does not respond within the prescribed time set by law, it is subject to penalties. It is essential that the prescribed timetable be followed to ensure that eligibility and benefit rights are determined fairly.

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

- E. The Department of Human Resources, Division of Employee Relations/Benefits, sends the payroll representative in the claimant's division a worksheet to be completed. (See form A-16-1) This worksheet contains vital information that is needed to respond to the Unemployment Office. The payroll representative should immediately submit this information to the Department of Human Resources, Division of Employee Relations/Benefits. It is very important that accurate information be submitted to determine eligibility of the claimant. It is essential that the payroll representative state if the claimant was working under a Federal program so that the City will not be charged for his or her benefits.
- F. This information is recorded on the JFS form and returned to the JFS
- G. From this form the JFS will determine the claimant's eligibility for compensation. Eligibility is determined by the claimant's reason for separation and length of service.
- H. If the City disagrees with the JFS determination, an appeal will be filed within 21 days of the determination.
- I. The City of Cleveland is a reimbursing employer, and each department will be charged for the direct cost of benefits paid. All information relative to claims must be forwarded to the Department of Human Resources /Division of Employee Relations/Benefits immediately.

**This policy has been issued under the authority of:**

  
\_\_\_\_\_  
**Signature**

Director of Personnel & HR  
\_\_\_\_\_

**Title**

March 17, 2008  
\_\_\_\_\_

**Date**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures**  
**Benefits Policies**

DATE SENT \_\_\_\_\_

DATE REC'D IN HR \_\_\_\_\_

**CITY OF CLEVELAND**  
**UNEMPLOYMENT COMPENSATION**  
**WAGE AND SEPARATION INFORMATION**

THE INFORMATION YOU FURNISH WILL BE USED TO DETERMINE A CLAIMANT'S ELIGIBILITY FOR UNEMPLOYMENT COMPENSATION BENEFITS. COMPLETE THIS FORM IMMEDIATELY OR FAX TO THE DEPARTMENT OF HUMAN RESOURCES (216) 664-3489.

NAME \_\_\_\_\_

SS# \_\_\_\_\_

DEPT/DIVISION \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_

ENTER DATE OF HIRE AND LAST DAY WORKED \_\_\_\_\_

During the period you entered:

- a) Did the employee work six or more weeks either part-time or full-time?  
If "No", how many weeks did he/she work?

Yes\_\_\_\_ No\_\_\_\_

Number of Weeks \_\_\_\_\_

- b) Did the employee earn \$1200 or more?  
If "No", how much did he/she earn?

Yes\_\_\_\_ No\_\_\_\_

Amount of Earnings \_\_\_\_\_

Reason for Termination

Laid Off \_\_\_\_\_ Effective Date \_\_\_\_\_

a) Lack of Funds Yes\_\_\_\_ No\_\_\_\_ b) Lack of Work Yes\_\_\_\_ No\_\_\_\_

Suspended Pending Discharge \_\_\_\_\_ Effective Date \_\_\_\_\_

Discharged \_\_\_\_\_ Effective Date \_\_\_\_\_

Resigned \_\_\_\_\_ Effective Date \_\_\_\_\_

Retired \_\_\_\_\_ Effective Date \_\_\_\_\_

Other Reason \_\_\_\_\_ Effective Date \_\_\_\_\_

PLEASE SUBMIT A COPY OF THE TERMINATION, SUSPENSION, DISCHARGE OR RESIGNATION LETTER.

Signature of Payroll representative: \_\_\_\_\_

Telephone # \_\_\_\_\_

Date \_\_\_\_\_

**A-16-1**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures Manual**  
**Benefits Policies**

**VOLUNTARY SICK LEAVE CONTRIBUTUION**

**I. Introduction**

Eligible employees may voluntarily contribute accumulated paid sick leave for the use of another eligible employee who is unable to work due to illness. Every effort must be made by the division to ensure that all donations are received and processed before the employee's status changes to inactive.

**II. Eligibility to participate in Sick Leave Contribution**

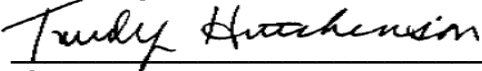
- A. The director or appointing authority may, at her/his discretion, authorize any employee in his/her department to contribute accumulated paid sick leave to another employee as follows:
1. An employee may contribute up to a maximum of 40 hours of accumulated sick leave to specified other employees in any one calendar year. The employee contributing paid sick leave shall have the contributed time deducted from her/his accumulated sick leave balance.
  2. Both the contributing employee and the receiving employee may not be on the absence abuse list or tardy abuse list and the contributing employee must retain 100 hours of accumulated leave after any contribution.
  3. Contribution of sick leave must be based upon a serious health condition of the receiving employee or a member of her/his immediate family.
  4. To be eligible to receive a contribution of sick leave, an employee must have first exhausted his/her own accumulated sick leave, vacation time, personal days, and comp time.
  5. Sick leave contribution is for approved leaves of absence for illness, not for daily use of sick leave.
  6. The contributing and the receiving employee must be in the same bargaining unit or must both be non-bargaining unit employees.

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures Manual**  
**Benefits Policies**

**III. Procedure**

- B. The contributing employee must complete a Voluntary Sick Leave Contribution (VSLC) form and submit it to his/her divisional payroll representative.
- C. The departmental/divisional payroll representative reviews, signs, and forwards the VSLC form to the appointing authority for approval. The appointing authority reviews, signs, and forwards the form to the Director of Human Resources for approval.
- D. The Director of Human Resources reviews, signs, and forwards the VSLC form to Central Payroll in the Division of Accounts. The Department of Human Resources will make a copy of the agreement and place in both the contributing and receiving employee files.
- E. The receiving employee must submit medical documentation supporting the leave with the estimated duration of the leave stated.

**This policy has been issued under the authority of:**



**Signature**

Director of Personnel & HR

**Title**

March 17, 2008

**Date**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures Manual**  
**Benefits Policies**

**VOLUNTARY SICK LEAVE CONTRIBUTION FORM**

Name of Contributing Employee: \_\_\_\_\_  
Please print

Name of Receiving Employee: \_\_\_\_\_  
Please print

I wish to contribute \_\_\_\_\_ hours from my accumulated sick leave balance to  
\_\_\_\_\_.

Receiving employee's name

I understand that this time will be permanently deducted from my accumulated sick leave balance and assigned to the receiving employee's sick leave balance.

I understand that my accumulated sick leave balance must be equal to or more than 100 hours in order for this transaction to be processed. Once this transaction is processed, my remaining accumulated sick leave balance will be \_\_\_\_\_.

\_\_\_\_\_  
Signature of Contributing Employee/Date

\_\_\_\_\_  
Signature of Payroll Officer/Designee/Date

\_\_\_\_\_  
Signature of Appointing Authority/Date

\_\_\_\_\_  
Signature of Dir. of HR/Designee/Date

Cc: Department of Human Resources  
Contributing Employee's File  
Receiving Employee's File

**A-17-1**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures Manual**  
**Benefits Policies**

**VACATION POLICY**

**I. Vacation Accrual**

- A. All regular full-time employees shall be granted the following vacation leave with full pay for each year based upon the length of continuous City of Cleveland service as of December 31st of the preceding year, as follows:

<u>Years of Service</u>	<u>Vacation</u>
After 1 year	10 days
After 8 years	15 days
After 12 years	20 days
After 22 years	25 days

- B. Vacation begins to accrue when an employee is hired and continues to accrue until December 31st of each year as long as the employee remains in paid status. The employee must be in a paid status for half of the month to be credited for vacation in that month. An employee who is on leave of absence without pay for more than thirty (30) calendar days in any calendar year, or who begins employment during the year will earn vacation for that year at the rate for which he or she is eligible based on length of service as follows:

1. One (1) to eight (8) years of service - one (1) day per month, not to exceed ten (10) days;
2. Eight (8) to twelve (12) years of service - one and one-half (1 1/2) days per month, not to exceed fifteen (15) days;
3. Twelve (12) to twenty-two (22) years of service - two (2) days per month, not to exceed twenty (20) days;
4. More than twenty-two (22) years of service - two and one-half (2 1/2) days per month, not to exceed twenty-five days.

**II. Vacation Requests**

- A. All vacation requests must be approved in advance. The appointing authority may require employees to request vacation at the beginning of the calendar year and may deny vacation requests due to operational needs. Absence without prior approval will be deemed absence without leave.
- B. Use of vacation is subject to internal departmental rules and to collective bargaining agreements.

**A-18**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures Manual**  
**Benefits Policies**

**III. Vacation Time Carryover**

- A. All vacation time must be taken in the year following the year it is earned. Unused vacation balances will automatically carryover.

**IV. Vacation Time Spend Down**

- A. An employee with a projected vacation time balance of more than 80 hours remaining at the end of the calendar year must complete a Vacation Spend Down Plan and submit the form for approval to their appointing authority.
- B. The Vacation Spend Down Plan allows an employee a fixed period of time (in number of years, ending on December 31st of a given year) to use all their accumulated vacation time, as well as all vacation time earned during that period of time. At the end of the fixed period of time the employee's vacation time balance must be no greater than 80 hours. The fixed period of time may not be greater than five years.
- C. Failure to follow this policy may result vacation time being assigned by the manager/appointing authority or in disciplinary action.

**V. Authorized Paid Leave**

- A. When the Mayor of the City of Cleveland, or a designee, deems it necessary for the successful recruitment of qualified persons for eligible executive, unclassified positions in the service of the City of Cleveland, as those eligible positions are defined below, the Mayor, or a designee, may negotiate and authorize paid leave for persons in those positions as a condition of employment. Eligible executive level, unclassified positions include, but are not limited to:

- 1. Secretary to the Mayor;
- 2. Executive Assistants to the Mayor;
- 3. Directors of departments;
- 4. Assistant directors of departments;

The maximum amount of paid leave negotiated shall not exceed fifteen (15) days annually. The negotiated paid leave will be reduced by the amount of vacation leave earned under the schedule as defined above in Policy A-18 I B and in C.O. 171.28, when the persons become entitled to that earned vacation leave.



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**Human Resources Policies and Procedures Manual**  
**Benefits Policies**

**VI. Payment for Unused Vacation**

- A. Employees who terminate their employment, retire or are laid off will receive payment for unused (i.e., vacation carried over from previous years) and prorated vacation. This amount will be paid by voucher. These vouchers must be submitted to the Department of Human Resources for approval with a copy of the "Application for Sick Leave Conversion, Unused Vacation, Overtime and/or Compensatory Time" form signed by the appointing authority.
- B. All eligible non-union employees have the option to convert a maximum of 160-hours of their vacation balance annually during a designated period in April/May. Employees are required to maintain a vacation balance of 120-hours after the conversion takes place. Each eligible non-union employee will receive a letter in April/May of the year in which eligibility is achieved containing their vacation balance. One time per calendar year, all non-union employees electing the conversion will be required to indicate the number of hours they desire to convert which cannot exceed 160-hours. The non-union employee must sign, date and return the letter to the Department of Finance, Division of Accounts. The original letter must be received by the Department of Finance, Division of Accounts by the deadline provided in the letter. Conversions will be paid out (as regular compensation) based on the non-union employee's hourly rate at the time the letter was sent. This payment will be subject to the usual taxes and withholding. Final approval is subject to the Director of Finance or Human Resources and is irrevocable.

*Note: The conversion payment is a non-pensionable payment.*

**VII. Effect of Prior Service**

- A. Employees who have earned service credit from a previous public employer in Ohio will be credited with that prior service for vacation accrual up to the designated limit. Not all employees are eligible to earn prior service credit. The following are excluded from prior service credit:
  - 1. Retirees from any government employer in the State of Ohio
  - 2. Federal or military service time.
  - 3. Any time for service while classified as a student.
  - 4. Any part-time employment.


**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures Manual**  
**Benefits Policies**

5. Any time during which the employee was on extended unpaid leave except military leave.

Individuals may request transfer of service credit by completing an authorization form available in the Department of Human Resources, Division of Employee Relations/Benefits.

- B. In most cases, a transfer from one department of the City to another department does not affect an employee's vacation accrual. The employee transfers with the vacation earned from the previous year.

**This policy has been issued under the authority of:**

\_\_\_\_\_

**Signature**

Director of Human Resources

\_\_\_\_\_  
**Title**

April 19, 2017

\_\_\_\_\_  
**Date**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures Manual**  
**Benefits Policies**

**City of Cleveland**  
**Vacation Carryover Request Form**

**Employee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dept:** \_\_\_\_\_ **Division:** \_\_\_\_\_

**Vacation Carryover**

At the end of **20**\_\_\_\_, I would like to carry over \_\_\_\_\_ hours of vacation time into **20**\_\_\_\_.

\_\_\_\_\_ **My vacation carryover IS NOT more than 80 hours.**

\_\_\_\_\_ **My vacation carryover IS more than 80 hours and a Spend Down Plan is attached.**

**Please Note:** *Personal Holiday hours cannot be carried over into the next year.*

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Appointing Authority**

\_\_\_\_\_  
**Date**

**Approved:** \_\_\_\_\_ **Not Approved:** \_\_\_\_\_

\_\_\_\_\_  
**Department Director**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director of HR**

\_\_\_\_\_  
**Date**

**A-18-1**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures Manual**  
**Benefits Policies**

**City of Cleveland**  
**Vacation Spend Down Plan**

**Employee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dept:** \_\_\_\_\_ **Division:** \_\_\_\_\_

**Vacation Spend Down Plan**

At the end of **this year (20\_\_)**, I will have \_\_\_\_\_ hours of vacation time. I plan to spend down this current vacation balance as well as all time earned each year over the next five years as follows:

During the year of **20\_\_**, I will use \_\_\_\_\_ hours of vacation time.

During the year of **20\_\_**, I will use \_\_\_\_\_ hours of vacation time.

During the year of **20\_\_**, I will use \_\_\_\_\_ hours of vacation time.

During the year of **20\_\_**, I will use \_\_\_\_\_ hours of vacation time.

During the year of **20\_\_**, I will use \_\_\_\_\_ hours of vacation time.

**Please check all that apply:**

\_\_\_\_\_ At the end of this five year period, I will not carry over more than 80 hours of vacation time.

\_\_\_\_\_ I agreed to a Vacation Spend Down Plan last year.

\_\_\_\_\_ I worked on an OETF task force.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Appointing Authority**

\_\_\_\_\_  
**Date**

**Approved:** \_\_\_\_\_ **Not Approved:** \_\_\_\_\_

\_\_\_\_\_  
**Department Director**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director of HR**

\_\_\_\_\_  
**Date**

**A-18-2**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures Manual**  
**Benefits Policies**

**Domestic Partner Benefits Policy**

**Policy**

To ensure the terms, conditions and privileges of City employment are applied equally to all City employees similarly situated; the City will provide employment benefits to employees' domestic partners in a registered domestic partnership.

This policy applies to all City of Cleveland employees who are eligible to participate in the City's health, prescription, dental and vision care coverage. The employee may take leave based on the needs of the domestic partner and the domestic partner's children, in addition to being able to take leave based on the leave of the employee's immediate family member under the following City of Cleveland policies:

- Sick Leave
- Bereavement (Funeral) Leave

**Domestic Partner Registry**

To initiate the Domestic Partner Benefits process, the employee must complete and register a Declaration of Domestic Partnership form with the City of Cleveland, Division of License and Assessment. Employees who registered after March 30, 2012 will be required to pay a higher health care premium.

**Definition of a Domestic Partner**

- A. A person of the same-sex or opposite-sex of the employee
- B. Domestic Partners are those individuals who meet the following criteria:
  - They have a single dedicated relationship of at least 12 months;
  - They share the same permanent residence and the common necessities of life for at least 12 months;
  - They are not related by blood to a degree of closeness that would prohibit legal marriage in the State of Ohio;
  - Are at least eighteen (18) years of age;
  - Mentally competent to consent to the domestic partnership;
  - Neither is currently married to another person under either statutory or common law, in another domestic partnership, civil union, or legally separated from someone else; and
  - Are financially interdependent on each other. This includes supporting documentation of at least three (3) of the following:
    - Joint ownership of real estate property or joint tenancy on a residential lease;

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures Manual**  
**Benefits Policies**

- Joint ownership of an automobile;
- Joint bank account or credit account;
- Will, designating the domestic partner as the primary beneficiary;
- Retirement plan or life insurance policy designating the domestic partner as the primary beneficiary;
- Durable power of attorney, signed to the effect that powers are granted to one another

**Procedure**

City of Cleveland employees, who wish to apply for Domestic Partner Benefits, **must** submit the following to the Department of Human Resources:

- A copy of the Declaration of Domestic Partnership form registered with the City of Cleveland, Division of License and Assessment;
- Affidavit of Domestic Partnership and three (3) of the following to verify interdependent financial relationship:
- Joint ownership of real estate property or joint tenancy on a residential lease;
- Joint ownership of an automobile;
- Joint bank account or credit account;
- Will, designating the domestic partner as the primary beneficiary;
- Retirement plan or life insurance policy designating the domestic partner as the primary beneficiary;
- Durable power of attorney, signed to the effect that powers are granted to one another

These documents will be kept on file with the Department of Human Resources indefinitely and will be deemed effective until:

- The employee changes the partner designation by completing a new Statement of Domestic Partnership and returning the new form to Human Resources.
- The employee requests the removal of the document and completes a Statement of Termination of Domestic Partnership. Benefit coverage for the domestic partner and his/her dependents will terminate at the end of the month in which the relationship ended.
- Termination of employment.

A domestic partner's dependent(s) may only be added if the employee has legal custody of the dependent and has court documentation of such.

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures Manual**  
**Benefits Policies**

**Termination of Domestic Partnership**

The employee is responsible for notifying the City of Cleveland Department of Human Resources within 30 days if there is a termination of their status in a domestic partnership. Within 30 days of termination, the employee is required to complete a Statement of Termination of Domestic Partnership, which will make the non-employee domestic partner no longer eligible for benefits offered by the City of Cleveland. Benefits would end on the last day of the month of the termination of the domestic partnership.

Termination is defined as one of the following:

- Death of one of the domestic partners; or
- A Notice of Termination of Domestic Partnership has been filed by one or both domestic partners (Employee and non-employee) with the city.
  - The statement of Termination shall affirm that the domestic partnership status is terminated as of its date of execution and that a copy of the statement of Termination has been provided to the other partner by the party authorizing such action.

**Tax Implications**

The IRS does not recognize domestic partners as a dependent of the employee. As such, insurance premiums and other medical, prescription drug, dental care and vision expenses for a domestic partner do not qualify for pre-tax deductions under the IRS regulations. The City is required to calculate the value of the benefits coverage provided to domestic partners. The City will treat the value of the benefits provided to the employee's domestic partner as part of the employee's income, and will withhold the taxes on the value of the benefits from the employee's paycheck.

**This policy has been issued under the authority of:**



\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Director of Human Resources

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
February 1, 2013

\_\_\_\_\_  
**Date**

**A-19**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures Manual**  
**Benefits Policies**

**PRIOR SERVICE CREDIT POLICY**

**I. Purpose**

To provide incentive for people who have worked for a governmental employer in the State of Ohio in the past to work for the City of Cleveland. It is a desire of the City to retain employees who are skilled in multiple facets of working within a government entity. It is also intended, by the City, for the existence of prior service credit to be apparent within the policy manual in order to be easily referenced.

**II. General Information**

- a. The City of Cleveland allows for the transfer of sick time for qualified employees who have worked for governmental employers in the State of Ohio.

Qualified employees may request transfer of service credit by completing an authorization form available within this policy (A-20-1) as well as in the Department of Human Resources (City Hall, Room 121).

- b. Service credit will be accepted at a rate equal to the amount that would have been earned if the employment had been with the City of Cleveland, up to a certain limit, depending on the type of time benefit time.

**III. Transfer of Accumulated Sick Time**

- a. Prior service credit for sick leave may be transferred to the City by an employee of the City previously employed by an Ohio County, Municipal or State government agency.
  - i. Up to 500 hours of sick time may be transferred
  - ii. Transferred sick time may not be used until the employee has satisfactorily completed their probationary period.

**IV. Exclusions**

- a. Not all employees are eligible for prior service credit. Below, you will find a list of types of accrued employment time excluded from prior service credit:
  - i. Retirees from any governmental employer in the State of Ohio
  - ii. Federal or military service time
  - iii. Any time for service while classified as a student
  - iv. Any part-time employment
  - v. Any time during which the employee was on extended, unpaid leave, except military time.



**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures Manual**  
**Benefits Policies**

- b. In most cases, a transfer from one department of the City to another department does not affect an employee's vacation accrual. The employee transfers with the vacation earned from the previous year.

**This policy has been issued under the authority of:**



**Signature**

Director of Human Resources

**Title**

December 27, 2020

**Date**

**CITY OF CLEVELAND**  
**Human Resources Policies and Procedures Manual**  
**Benefits Policies**

Government Agency  
Address  
City, State, Zip

To Whom It May Concern:

Our employee listed below has advised us that he or she was employed by you from \_\_\_\_\_ to \_\_\_\_\_ and is requesting prior service credit.

I, \_\_\_\_\_, SS# \_\_\_\_\_, hereby authorize the City of Cleveland, Department of \_\_\_\_\_ to request verification of my prior service time and sick leave balance and release requested information concerning me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

Thank you for your assistance in this matter.

Sincerely,

Personnel Representative

\*\*\*\*\*

**TO BE COMPLETED BY PREVIOUS EMPLOYER:**

The City of Cleveland has a service credit policy for employees previously employed in Ohio by a County, Municipal or State government agency. This policy allows credit to be transferred for use in their current position. If the employee is excluded, please complete section A. If the employee is not excluded, please complete section B.

**EMPLOYEE EXCLUDED FROM PRIOR SERVICE CREDIT:**

1. Retirees from any Ohio government employer.
2. Federal or Military service time.
3. Any time while classified as a student.
4. Any part-time employment.
5. Any time during which the employee was on extended unpaid leave except military leave.

**SECTION A:** The employee was employed from \_\_\_\_\_ to \_\_\_\_\_ and is excluded from your prior service credit policy per item(s) \_\_\_\_\_.

**SECTION B:** The employee was employed from \_\_\_\_\_ to \_\_\_\_\_. The employee had a sick leave balance of \_\_\_\_\_ hours.

Please indicate at what rate the sick leave balance was accumulated. Sick leave was earned at a rate of \_\_\_\_\_. (Example of earned rate: 10 hours per month.)

Verified by:

\_\_\_\_\_  
Print Name/Signature

\_\_\_\_\_  
Position  
**A-20-1**

\_\_\_\_\_  
Date